

Registration District No. 838

Primary Registration District No. 6098B

Registrar's No. _____

1. PLACE OF DEATH: Stoddard *Liberty, Mo.*

(a) County Stoddard
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days 4-2-6

3. (a) PRINT FULL NAME Ephriam Sevier Ellsworth

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Dowdy Ellsworth 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 2 1858
(Month) (Day) (Year)

8. AGE:				If less than one day
Years	Months	Days	hr.	
82	1	28		min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name David Ellsworth

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Margaret Hornbory

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. E. Ellsworth

(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 3/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation C. Dowdy Cem.

18. (a) Signature of funeral director Blankenship-Strickland
 (b) Address Dexter, Mo.

19. (a) 5/9 40 (b) Jennie Burton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th
 year 1940 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from aut
year, 19____, to 1940, 19____;
 that I last saw him alive on Mar. 26, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach & liver
 Duration _____

Due to Chronic lesion left breast
 Due to _____

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Of operations None
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
755
(Specify type of place) (a) Means of injury _____

23. Signature J. J. Hove (M. D. or other) _____
 Address Dexter Mo Date signed 4-24-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 2

District File Number 540-1023

Date Filed 5/10/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.