

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

17909

Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001
 (c) City St Joseph (d) Street No. 6508 S. 3RD. Registered No. 553
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
420 yrs. 0 mos. 0 ds. (g) 0 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME Mary Elizabeth Lellis
 (a) Residence, No. 6508 S. 3RD St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrick H. Lellis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 24 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 20 or _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
 9. Industry or business in which work was done, as saw mill, bank, etc. HOME
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 14, 1940
 22. I HEREBY CERTIFY, That I attended deceased from May 3, 1940, to May 14, 1940.
 I last saw her alive on May 14, 1940. Death is said to have occurred on the date stated above, at 9:50 P. m.
 The principal cause of death and related causes of importance were as follows:

Ch. Valvula Heart Dis. 1938
Ch. Arterio Sclerosis 1937
 Date of onset 1938
 Other contributory causes of importance: Pneumonia Lobar 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MACON County Mo.
 FATHER 13. NAME Joseph Cunningham
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County Mo.
 MOTHER 15. MAIDEN NAME Nancy EDEN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN VIRGINIA
 17. INFORMANT (ADDRESS) MRS. J. E. SMITH, 1406 CHARLES ST. JOSEPH,
 18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL Park DATE MAY 17 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC. ST. JOSEPH Mo.
 20. FILED 5/16 1940 J. J. McElwee Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) A. P. Thompson, M. D.
85 (Address) St. Joseph Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

C. J. Swann

Licensed Embalmer No. 4982

P. O. Address St. Joseph

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.