

AUG 16 1940

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

25132
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
(b) Township Hermann Primary Registration District No. 4182
(c) City Hermann (d) Street No. 210 Market St. St.
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

420 William J. Ellis
(a) Residence, No. 210 Market St. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Olivia Ellis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1869
7. AGE YEARS 71 MONTHS 5 DAYS 19 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 1940 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) Red Bird (STATE OR COUNTRY) Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. J. J. Kode Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann City Cem July 1940

19. FUNERAL DIRECTOR (NAME) Hugo Blumer (ADDRESS) Hermann, Missouri

20. FILED 7-8 19 40 Anna R. Rickhoff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1940, to July 7, 1940

I last saw him alive on July 7, 1940 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Bladder

Date of onset

Other contributory causes of importance:

Arterial Sclerosis and Prostatitis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

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) H. J. Rickhoff, M. D.

(Address) Hermann, Mo.

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.....

Hugo H. Blum

Licensed Embalmer No.....3160

P. O. Address.....Hermann, Missouri

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.