

Registration District No. **70-120**

Primary Registration District No. **4422**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County **Polk**
(b) City or town **Balmar**
(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) **2**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **90 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **Aug**
year **1940** hour **5:45** minute **PM**
21. I hereby certify that I attended the deceased from **about**
January 1932 to **Aug 12**, 19**40**
that I last saw him **live on Aug 1**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to **92C**
Due to _____
Other conditions **Senile Dementia** **1934**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **1**
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?
630 (Specify type of place)
While at work? (e) Means of injury _____

23. Signature **Doyle C McEraw** (M. D. number) **1**
Address **Balmar Mo** Date signed _____

3. (a) PRINT FULL NAME **Robert Taylor Ellis**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Elizabeth Ellis** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Mar 9 1848**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 5 3 hr. _____ min.

9. Birthplace **Meigs County Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Farming and Businessman**

12. Name **John Ellis**

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

14. Maiden name **Sarah Margrauer**

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

16. (a) Informant **Miss Paul Ellis**

(b) Address **Balmar Mo**

17. (a) **Burial** (b) Date thereof **Aug 14 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **White & Brown**

(b) Address **Balmar Mo**

19. (a) **8-13-** (b) **J. F. Roberts**
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 7,
District File Number 9-40-1308
Date Filed 9-11-40

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 Frank D. Cable Jr.

Licensed Embalmer No. 4140

P. O. Address Bolivar, Mo.

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.