

13-40
17-39
X23159

Registration District No. 186 Primary Registration District No. 5078

FILED DEC 18 1940

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Charlotte Twp
(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 2

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME William O Ellis

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 married

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

7. Birth date of deceased October 24 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name William Ellis

13. Birthplace Coke Co Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Wauson

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

16. (a) Informant Wick Warren

(b) Address Butler mo R.F. 10

17. (a) Buried (b) Date thereof Nov 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation messrs Lemman Kan

18. (a) Signature of funeral director bulver

(b) Address Butler mo

19. (a) Nov 9 (b) C. A. Lusk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from about 30 years ago, 19 _____, to Nov, 19 39
that I last saw him alive on November, 19 39
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Mitral insufficiency

Due to 0

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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?

While at work? (Specify type of place) (e) Means of injury 60

23. Signature C. A. Lusk (M. D. or other) _____

Address Butler mo Date signed Nov 9 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1798

Date Filed 12-18-40

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

R. Stanton Lisle

Licensed Embalmer No. 4123

P. O. Address Butler, 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, fact should be so stated above.