

Registration District No. 477Primary Registration District No. 4287

State File No.

Registrar's No. 59

## 1. PLACE OF DEATH:

- (a) County Lewis  
 (b) City or town Ewing  
 (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 25 years years, months or days (Specify whether

3. (a) PRINT FULL NAME
- ELLA Ammerman

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

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

6. (b) Name of husband or wife
- J.C. Ammerman
6. (c) Age of husband or wife if

alive years

7. Birth date of deceased
- Nov.
- 10
- 1899
- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 - - hr. min.

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

10. Usual occupation
- housewife

11. Industry or business

12. Name
- James Cottrell

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

14. Maiden name
- Elizabeth

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

16. (a) Informant
- Addie Ammerman

- (b) Address
- Ewing, Mo.

17. (a)
- Burial
- (Burial, cremation, or removal) (b) Date thereof
- Nov. 12, 1940
- (Month) (Day) (Year)

- (c) Place: burial or cremation
- Burial - Ewing

18. (a) Signature of funeral director
- Thomas Ball

- (b) Address
- Ewing, Mo.

19. (a)
- Nov. 14, 1940
- (Date received local registrar) (b)
- J.W. Jennings, M.D.
- (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Lewis

- (c) City or town
- Ewing
- (If outside city or town limits, write "RURAL")

- (d) Street No.
- 0
- (If rural, give location)

- (e) If foreign born, how long in U. S. A. years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Nov.
- day
- 10
- year
- 1940
- hour
- 10
- minute
- 22
- P.M.

21. I hereby certify that I attended the deceased from
- Nov 4, 1940
- to
- Nov 10, 1940

that I last saw him alive on Nov. 9, 1940 11:30 P.M. and that death occurred on the date and hour stated above.Immediate cause of death Hypostatic Pneumonia DurationDue to Senility, plus fractured femur resulting shock.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations noneOf autopsy none

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

- (a) Accident, suicide, or homicide (specify)
- none

- (b) Date of occurrence
- none

- (c) Where did injury occur?
- Ewing, Lewis Mo.
- (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
- at home

While at work? (Specify type of place)

(e) Means of injury Do

23. Signature
- George Cable
- (M. D. or other)

Address Ewing Mo Date signed 11-10-40

194B  
99  
RECEIVED

District Health Officer No. 10

District File Number 12-40-2310

Date Filed DEC 13 1940

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Evans, 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 39086Registration District No. 477Primary Registration District No. 4287Registrar's No. 59

## 1. PLACE OF DEATH:

- (a) County Lewis  
(b) City or town Ewing  
(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)3. (a) PRINT  
FULL NAME Ella Ammerman

3. (b) If veteran,
- 
- name war

3. (c) Social Security
- 
- No.

4. Sex
- F
5. Color or
- 
- race
- W
6. (a) Single, widowed, married
- 
- divorced
- wid

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if
- 
- alive. year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 
- 91
- — hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

- (b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

- (c) City or town (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
- Nov
- day
- 10
- 
- year
- 1940
- hour minute M.

21. I hereby certify that I attended the deceased from
- 
- 19 to 19

- that I last saw him alive on 19

- and that death occurred on the date and hour stated above.

- Immediate cause of death
- hypostatic

- pneumonia
- Duration

- Due to
- senility plus fractured

- thorax resulting shock

- Due to

- Other conditions

- (Include pregnancy within 3 months of death)

- Major findings:

- Of operations

- Of autopsy

- 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)
- accident

- (b) Date of occurrence
- Nov 5th 1940

- (c) Where did injury occur?
- Ewing Lewis MO

- (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- at home in kitchen

- (Specify type of place)

- While at work?
- yes
- (e) Means of injury
- fell on

23. Signature
- Ewing Lewis
- (M. D. or other)

- Address
- Ewing MO
- Date signed
- 11-14-41

S-39086 · 1940