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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42430

Registration District No. 204 Primary Registration District No. 4176 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town St. Clair
(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 2 (Specify whether years, months or days)

In this community 84-4-26

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town St. Clair
(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.

3. (a) PRINT FULL NAME Charlie Ellett

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race Colored

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Lizzie Ellett

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Aug. 5 1836
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer - 0

11. Industry or business Laborer - 9

FATHER
12. Name Unknown
13. Birthplace ✓
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Abby Ellett
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Self, Charlie Ellett
(b) Address St. Clair Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 1-41 (Month) (Day) (Year)

(c) Place: burial or cremation Colored-Cemetery

18. (a) Signature of funeral director Sherwood Kitchell
(b) Address St Clair, Mo.

19. (a) Jan. 9, 1941 (Date received local registrar) (b) M. H. Duckworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st year 1940 hour 1 minute 10 a. M.

21. I hereby certify that I attended the deceased from Aug. 15, 1940 to Dec. 31, 1940 that I last saw him alive on Dec. 31, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy,	1 days
Due to vascular Cerebral hemorrhage.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? 2 (Specify type of place)

While at work? (e) Means of injury

23. Signature W. E. Kitchell (M. D. or other)

Address St Clair Mo Date signed 1/31/40

(Licensed Embalmer's Statement on Reverse Side)

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 Sherwood Kitchell

Licensed Embalmer No. 3873

P. O. Address St Clair Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.