S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42466 8

REG JAN 25 1941

Registration District No. 308 Primary Registration District No. 3426 Registrar's No.

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town RED BIRD (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BLAND ROUTE 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 3 YRS. 2

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town RED BIRD BOURBOIS TOWNSHIP (If outside city or town limits write "RURAL")
(d) Street No. BLAND ROUTE 1 (If rural, give location)
0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME THOMAS GILBERT ELLIS

3. (b) If veteran, name war NONE

3. (c) Social Security No. 493-05-9803

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife FRANCES E. ELLIS

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased SEPT. (Month) 2 (Day) 1872 (Year)

8. AGE: Years 68 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation MILLER O

11. Industry or business /

FATHER
12. Name JOHN ELLIS D
13. Birthplace — (City, town, or county) TENN. (State or foreign country)

MOTHER
14. Maiden name MARTHA MILLER
15. Birthplace RED BIRD (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant O.R. Spurgeon
(b) Address RED BIRD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 29 1940 (Month) (Day) (Year)
(c) Place: burial or cremation BOWEN CEM. RED BIRD MO.

18. (a) Signature of funeral director W. F. Letterstraeter
(b) Address Owensville Mo

19. (a) Dec 29, 40 (Date received local registrar) (b) Mrs. Mallie Spurgeon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 26
year 1940 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from December 4, 1940, to December 26, 1940; that I last saw him alive on December 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of lower sigmoid flexure	8 mos.
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. V. Hammer (M. D.)
Address St. James, Mo. Date signed XII. 27 '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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville Mo

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

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