

FILED FEB 18 1941

Registration District No. 805

Primary Registration District No. 4484

Registrar's No. _____

1. PLACE OF DEATH

(a) County Schuylers
(b) City or town Lancaster
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuylers
(c) City or town Lancaster
(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 Jan day 5
year 1941 hour 6 minute 17 M.

21. I hereby certify that I attended the deceased from Jan 4, 1941, to Jan 5, 1941;
that I last saw him alive on Jan 4, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?
719

While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature R.E. Vaughn (M. D. or other) DO

Address Lancaster, Mo. Date signed Jan 5, 1941

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

3. (a) PRINT FULL NAME Jesse Jordan Ellis
(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 Mary Jane Davidson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 19 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Mail Carrier

12. Name Joel Ellis

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

14. Maiden name Mary Jane Davidson

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

16. (a) Informant Dr. R.E. Vaughn

(b) Address Lancaster, Mo.

17. (a) Burial (b) Date thereof Jan 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lancaster, Mo.

18. (a) Signature of funeral director W. A. Benton

(b) Address Lancaster, Mo.

19. (a) Jan 10, 1941 (b) Burdie H. Drake
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 2-41-338

Date Filed FEB 14 1941

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

P. O. Fenton

Registered Apprentice No. 3705

working under my personal supervision.

Signed

P. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, Md.

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.