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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 10130

Registrar's No. 332

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community 18 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 501 East Missouri Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Paul Stephen Ellis

3. (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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 5, (Day) 1941 (Year)

8. AGE: Years 00 Months 00 Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Charles E. Ellis
13. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Eleanor Hartnett
15. Birthplace Gilford (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Eleanor Ellis

(b) Address 501 E. Missouri Ave. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 24, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director Herman Wm Eidenfaden

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Mar. 24, 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd year 1941. hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 17, March 17, 1941, to March 22, 1941; that I last saw him alive on March 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Hemorrhagic Nephritis — Duration 18 days

Due to Primary cause undetermined

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Hemorrhagic Nephritis.

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 [signature] (M. D. or other) M.D.

Address 202-3 Phy Thugs Bldg Date signed 3-24-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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.....Glenn E. Hodges

Licensed Embalmer No.....2729

P. O. Address.....St. Joseph, 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.