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12-40
7-39
X23159

Registration District No. **218**

Primary Registration District No. **2015**

Registrar's No. **36**

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution 740 7th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ambrose J. Ellis

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

7. Birth date of deceased About 83 Years (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 ? ? ? hr. min.

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

10. Usual occupation Labor

11. Industry or business

12. Name Jacob Ellis

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

14. Maiden name Unknown

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

16. (a) Informant Harry W. Ellis (b) Address Boonville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 13/41 (Month) (Day) (Year)

(c) Place: burial or cremation Boonville Cemetery

18. (a) Signature of funeral director E. J. Marata (b) Address Boonville Mo.

19. (a) 3-12-41 (Date received local registrar) (b) D. Cooper (Registry's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper **27**

(c) City or town Boonville, **1**
(If outside city or town limits, write "RURAL") **2**

(d) Street No. 7.40 South 7th. Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 10th year 1941 hour 7.40 minute P. M.

21. I hereby certify that I attended the deceased from June 26, 1940 to March 10, 1941; that I last saw him alive on March 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis

Duration Unknown

Due to 99

Other conditions 99
(Include pregnancy within 3 months of death)

PHYSICIAN

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) ---

(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 J. C. Fincher (M. D. or other) M.D.
Address Boonville Mo Date signed March 12, 1941

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
File Number
74-8-41

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.....

Paul T. Hickroy

Licensed Embalmer No.

3598

P. O. Address.....

Mobile, 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.