

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 19 1941
MICHIGAN STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15709**

Registration District No. **779**

Primary Registration District No. **6029A**

Registrar's No. **25**

1. PLACE OF DEATH:
(a) County **St. Francois**
(b) City or town **Castwell, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Parish Hospital**
(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 **St. Francois**
(c) City or town **Castwell**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Georgia Ellis**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **6**
year **1941** hour **1** minute **25 P.M.**
21. I hereby certify that I attended the deceased from **Mar 8**
1941 to **April 6** 19 **41**
that I last saw **her** alive on **April 5** 19 **41**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married/
divorced **married**
6. (b) Name of husband or wife **Clarence Ellis** 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased **Oct. 22 1881**
(Month) (Day) (Year)

Immediate cause of death **Apoplexy**
Due to **Hypertension** **12 W**
Due to **arterio sclerosis**
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
60 **1** **14** hr. min.
9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation **Care of home**
11. Industry or business.....
MOTHER FATHER {
12. Name **Henry Stockwell**
13. Birthplace **Don't know**
(City, town, or county) (State or foreign country)
14. Maiden name **Clawalter**
15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)
16. (a) Informant **Clarence Ellis**
(b) Address **Castwell, Mo.**
17. (a) **Burial** (b) Date thereof **April 8, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Gibson Cemetery**
18. (a) Signature of funeral director **C. Z. Boyer**
(b) Address **Castwell, Mo.**
19. (a) **April 10 - 1941** (b) **W. P. Luckworth**
(Date received local registrar) (Registrar's signature)

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?
710 (Specify type of place)
While at work? (e) Means of injury.....
23. Signature **W. P. Luckworth** (M. D. or other) **Dr. Luckworth**
Address **2125 Cass MO** Date signed **4/18/41**

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

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..... *C. J. Boyer*

Licensed Embalmer No..... *1671*

P. O. Address..... *Dulage 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.