

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

SEP 15 1941

STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29629

Registration District No. 871

Primary Registration District No. 45-2-55425

State File No. \_\_\_\_\_

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 75 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Missouri (b) County Vernon

(c) City or town Metz  
(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.

3. (a) PRINT FULL NAME Vienna Ellis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Stephen A. Ellis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 5 1857  
(Month) (Day) (Year)

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

84 5 18 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Elbert Walker

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

14. Maiden name Nancy Shackelford

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

16. (a) Informant A. G. Ellis  
(b) Address Metz Mo.

17. (a) Burial (b) Date thereof 8-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pryor Creek

18. (a) Signature of funeral director Paul H. Hill  
(b) Address 8-26-41

19. (a) 8-26-41 (b) Shelburne Wilson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1941 hour \_\_\_\_\_ minute 30 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Jan 1, 1941, to July 23, 1941;  
that I last saw him alive on July 23, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease

Due to arteriosclerosis

Other conditions (include pregnancy within 3 months of death) 309

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Shelburne Wilson (M. D. or other) \_\_\_\_\_  
Address Metz Mo. Date signed Aug 25 1941

230. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1649

Date Filed 9-10-41

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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:

*J. Hudson Rowley*

Licensed Embalmer No. 2730

P. O. Address Rich Hill

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

If this body is not embalmed, fact should be so stated above.