

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35275**

Registration District No. **779**

Primary Registration District No. **5573**

Registrar's No. **8**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
49
00

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Rural, McDonald Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Reeds R# 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **74 Years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **049**
(c) City or town **Rural** (If outside city or town limits, write "RURAL") **5**
(d) Street No. **Reeds R# 1** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Ella Henry**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, widowed **2 divorced Widowed**

6. (b) Name of husband or wife **Bev** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 30 1867**
(Month) (Day) (Year)

8. AGE: Years **74** Months **16** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Jasper Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Tom Melugin**

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 **Mrs Vernie Williams**

(b) Address **Reeds R# 1**

17. (a) **Burial** (b) Date thereof **Oct 9 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cave Springs Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage Mo.**

19. (a) **10-9-41** (b) **Mrs. Mary Hall**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **6**
year **1941** hour **10** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Oct 2 1937** to **Oct 1941**;
that I last saw her alive on **Oct 5 1941**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **4 yrs**

Due to _____
Due to _____

Other conditions **Anemia**
(Include pregnancy within 3 months of death)

Major findings: **93d**
Of operations _____
Of autopsy _____
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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature **George H Wood** (M. D. or other) **CMO**
Address **304 2nd** Date signed **10/9/41**

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..... *Emmar Snell*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

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.