

DEC 18 1941

State File No. _____

Registration District No. 609

Primary Registration District No. 5808

Registrar's No. 125

1. PLACE OF DEATH: Newton, Mo.
 (a) County Newton
 (b) City or town NEOSHO RURAL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ROUTE 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY ROSELLA 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 Married
 6. (b) Name of husband or wife G. I. Ellis 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased APRIL 7 1890
 (Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____
 MOTHER FATHER { 12. Name H. D. Todd
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Nelle Goodfellow
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature S. P. Ellis
 (b) Address Neosho Mo
 17. (a) REMOVAL (b) Date thereof Nov 30 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Tulsa, OKIA

18. (a) Signature of funeral director [Signature]
 (b) Address Neosho Missouri
 19. (a) 12-3-41 (b) Donald R. Salim
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Oklahoma 999
 (a) State MISSOURI (b) County 34
 (c) City or town TULSA 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 219 E. VIRGIN
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
 year 1941 hour 10 minute A M.
 21. I hereby certify that I attended the deceased from Nov. 12, 19 41.
Nov. 30, 19 41;
 that I last saw her alive on Nov. 30, 19 41;
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy, left side. Duration _____
 Due to Hypertension
 Due to Interstitial nephritis.
 Other conditions None
 (Include pregnancy within 3 months of death)
 Major findings: Of operations None 131a
 Of autopsy None
 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 Donald R. Sale (M. D. or other) _____
 Address Neosho, Mo. Date signed 11-30

WHILE I PRINT USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1951

RECEIVED

District Health Officer No. 6,

District File Number 1241-1871

Date Filed DEC 15 1941

MAR 24 1942

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 Ogl Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Wesha 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, above space should be left blank.