

FILED MAR 20 1942
Registration District No. **28**

Primary Registration District No. **3017**

Registrar's No. _____

40
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 932 McPherson
(If not in hospital or institution, write street number or location)

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

In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Prenton
(If outside city or town limits, write "RURAL")

(d) Street No. 932 McPherson
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Emily Ellington

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9
year 1942 hour _____ minute 9:15 P.M.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Emery Ellington

6. (c) Age of husband or wife if alive ✓ years _____
(Day) (Year)

7. Birth date of deceased July 12 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 6 1942 to Mar 9 1942
that I last saw her alive on Mar 8 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 7 Days 27
If less than one day _____ hr. _____ min.

Immediate cause of death Shock from fracture of hip

Due to _____

Due to _____

9. Birthplace Adams County Tenn
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 1862

10. Usual occupation Housewife

11. Industry or business Home

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Marion Bailey

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

14. Maiden name Elyzabeth Newman

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) occidental

(b) Date of occurrence Mar 6 42

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature E. J. Wilson (M. D. or other)
Address Prenton Mo Date signed 3/10/42

16. (a) Informant Sylvia Carlsten

(b) Address Walton Ave

17. (a) burial (b) Date thereof 3-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roll cemetery

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Prenton Mo

19. (a) March 10-42 Nada W. Hayman
(Date received local registrar) (Registrar's signature)

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.....

myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Clifford Oberg

Licensed Embalmer No. *3423*

P. O. Address. *Inverton, 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.