

FILED MAR 16 1942
Registration District No. **2032**

Primary Registration District No. **2032**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
500 So. Quincy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **39 Years** (Specify whether years, months or days)
In this community **39 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **500 So. Quincy**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Annetta J. 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 **Wid.**

6. (b) Name of husband or wife **Jas. D. Ellis**
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **June 24 1855**
(Month) (Day) (Year)

8. AGE: Years **86** Months **8** Days **0**
If less than one day hr. min.

9. Birthplace **Mt. Sterling Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

MOTHER FATHER { 11. Industry or business.

12. Name **Leander Hicks**

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

14. Maiden name **Margaret Alexander**

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

16. (a) Informant **Mrs. H.L. Judd**

(b) Address **Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **2-26-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Jes. Hilliard**
(b) Address **Sedalia, Mo.**

19. (a) **2-26-42** (b) **Mrs. Emma Berger**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **24**
year **1942** hour **2** minute **50** M.

21. I hereby certify that I attended the deceased from **Feb 19th 1942** to **Feb 24th 1942**
that I last saw **her** alive on **Mar 24** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death, **Angina Pectoris 2 hours**

Due to **arterio sclerosis and myocarditis**

Due to

Other conditions. (Include pregnancy within 3 months of death) **94a**

Major findings: Of operations

Of autopsy **no 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) Means of injury

23. Signature **Ward Bowling** (M. D. or other)

Address **Sedalia MO** Date signed **2-26-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8;

District File Number.....

Date Filed 3-12-42

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 H. E. Boulton
Licensed Embalmer No. 3867
P. O. Address Duvaline 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.