

FILED MAY 8 1942 318

State File No. _____

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 341

1. PLACE OF DEATH:

(a) County Greehe
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Hours
(Specify whether
In this community 18 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112
(c) City or town Rural Rogersville
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Ellis

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

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

6. (b) Name of husband or wife Rosa E. Ellis 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 52 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Lucille Jones

(b) Address Rogersville Route # 3

17. (a) Burial (b) Date thereof May 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cem.

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 5-1-42 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1942 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from 9:00 AM
April 28, 1942, to April 29, 1942
that I last saw him alive on April 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death (1) Fracture, 6th cervical vertebra (2) Laceration spinal cord (3) Paralysis
Due to Spinal Cord - 4th seg.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 1760
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident or suicide
(b) Date of occurrence April 29, 1942 11:39
(c) Where did injury occur Unknown _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Struck by Truck from Between Crossings;
was sitting in automobile at _____
While at work? no (e) Means of injury Hit by train

23. Signature James D. Horton (M. D. or other) _____
Address Springfield, Mo. Date signed 4/30/42

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

MOTHER FATHER

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Walter E. Hamel
Licensed Embalmer No. 3808
P. O. Address Springfield, 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.

X