

20624

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 23 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 5114

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County BOONE

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

(c) Name of hospital or institution: 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 40 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME BENJIMAN FRANKLIN 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 WIDOWED

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased HEB 12-1852  
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 19  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace WEST UNION Co. OHIO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name WILSON C. ELLIS

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

14. Maiden name JULIA RANKINS

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

16. (a) Informant's own signature Oliver Fleming

(b) Address Harrisburg, Mo.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof JUNE 1-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation NARRISBURG CEM.

18. (a) Signature of funeral director Bauer & Booth

(b) Address Sturgeon, Mo.

19. (a) June 28 (Date received local registrar's certificate)

(b) Mrs. H. Gullett (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31  
year 1942 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration May 23-42

Due to History of hypertension with a few days of apoplexy 6 years ago

Due to apoplexy 6 years ago

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: none

Of operations none

Of autopsy none

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) (a) Means of injury \_\_\_\_\_

23. Signature A. L. Coffman (M. D. or other) MD.

Address Fayette Mo. Date signed 6-1-42

WRITE PLAINLY—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.

REV. 6-17-39  
U. S. G. P. 1 X19511

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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..... *R. C. Boothe*.....

Licensed Embalmer No. *4087*.....

P. O. Address: *Sturgeon, 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.**