S. No. 2
—9-4-41
5-17-39
I X29403

94
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22180

State File No.

Registration District No. 779 Primary Registration District No. 6024 Registrar's No. 16

1. PLACE OF DEATH:

(a) County St. Francois

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 94

(c) City or town 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jasper Ellis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 21 (Day) 1925 (Year)

8. AGE: Years 16 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Leadwood (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Clarence Ellis
13. Birthplace Crawford, Co. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Georgia Stockwell
15. Birthplace Illinois 1 (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Ellis
(b) Address Cantwell Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director C. Z. Boyer
(b) Address Desloge, Mo.

19. (a) June 22, 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st year 1942 hour 12 minute 15 P M.

21. I hereby certify that I attended the deceased from Dy Duquesne Dutees June 21st 1942 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Accidental drowning Jury Verdict: The deceased came to his death by accidental drowning in Columbia Creek near Cantwell Mo

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

143
3

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

(a) Accident, suicide, or homicide (specify) Accident 094

(b) Date of occurrence June 21, 1942

(c) Where did injury occur? Cantwell (City or town) St. Francois (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Drowning

23. Signature Clarence Claywell (M. D. or other) Coroner

Address Bonne Terre Mo Date signed 6/21/42

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 42-858

Date Filed 1-9-43

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 C. G. Bayer.

Licensed Embalmer No. 1671

P. O. Address Dierlage 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.

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22180

Registration District No. 779 Primary Registration District No. 6024 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Francois

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jasper Ellis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

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

8. AGE: Years 16 Months 8 Days 27 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) June 22, 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1942 hour 12 minute 15 P M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

S-22180