

V. S. No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29753

State File No. _____

FILED OCT 8 1942

Registration District No. 308

Primary Registration District No. 3006-5120

Registrar's No. 196

10
2
4

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

1. PLACE OF DEATH:

(a) County Boone

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

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

(d) Length of stay: In hospital or institution 28 days
(Specify whether _____)

In this community 10 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Grace V. Ellis

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female / race white

5. Color or _____

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

6. (b) Name of husband or wife Sons Dr. M. M. Ellis

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

7. Birth date of deceased January 19, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Alma New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Dorothy Howell Mapes

13. Birthplace Matthituck Long Island
(City, town, or county) (State or foreign country)

14. Maiden name Brunetta Kotten

15. Birthplace Marion County Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. M. M. Ellis

(b) Address 101 Willis Avenue, City

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

(b) Date thereof Sept. 12, 42
(Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery Indianapolis Ind

18. (a) Signature of funeral director Parson & Son

(b) Address Columbus, Mo

19. (a) 9-11-42 (Date received local registrar)

(b) Edwin H. Barber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 10

(a) State Missouri (b) County Boone 2

(c) City or town Columbia 4
(If outside city or town limits, write "RURAL")

(d) Street No. 101 Willis
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1942 hour 8 minute 9 P. M.

21. I hereby certify that I attended the deceased from Aug. 13, 1942 to Sept. 10, 1942
that I last saw h. e. r. alive on Sept. 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cardiac failure
Hypertension
Pneumonia, lobar

Due to _____

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

Major findings: Healed tuberculosis

Of operations _____

Of autopsy 108

Duration _____

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 Lucille Carson (M. D. or other) 0

Address Noyes Hospital Date signed 9/10/42

STATE OF OHIO

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 *M. D. Whitman*

Licensed Embalmer No. 3893

P. O. Address Columbia 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.