

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED NOV 13 1942  
Registration District No. 70

Primary Registration District No. 5274

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Clark  
(b) City or town Canton - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clay Drug  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark  
(c) City or town Canton - rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Lena Ellison

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 1942 to Oct 15 1942 that I last saw her alive on Apr 14 1942 and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife Samuel Ellison  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Cardiac Insufficiency Duration .3

8. AGE: Years 69 Months 1 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

10. Usual occupation Nursekeeping

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

12. Name Alaysa Reuner

13. Birthplace Mo. (City, town or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Isabelle Virginia Simpson

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

16. (a) Informant Mrs. Evelyn Ford

(b) Address Canton Mo.

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

(c) Place: burial or cremation Ellison Co.

18. (a) Signature of funeral director Jutting, Reed

(b) Address Harsha Mo.

19. (a) 10-19-42 (Date received local registrar) (b) Perry S. Boston (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)  
23. Signature P. Hilliard (M. D. or other) DC  
Address Canton Mo Date signed 10-12-42

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

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1273

NOV 12 1942

RECEIVED  
District Health Officer No. 10  
District File Number 11-42-2065  
Date Filed NOV 12 1942

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 Otis L. Luttinger  
Licensed Embalmer No. 2965  
P. O. Address Leway 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.