

FILED NOV 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33872

State File No.

Registration District No. 141

Primary Registration District No. ~~2075~~ 5551

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Newell Twp -
(b) City or town West Plains
(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 2 yrs - years, months or days

3. (a) PRINT FULL NAME Bottie Darcel Ellison

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 SO

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

7. Birth date of deceased July 25 - 1935
(Month) (Day) (Year)

8. AGE: Years 7 - Months 0 Days 17 If less than one day _____ h _____ min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Willie Ellison
13. Birthplace Mo
14. Maiden name Ida Thompson
15. Birthplace Mo

16. (a) Informant Ida Miller

(b) Address West Plains, Mo

17. (a) _____ (b) Date thereof 8/13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howell Valley

18. (a) Signature of funeral director Robert

(b) Address West Plains Mo

19. (a) 10-6-42 (b) Paul S. Taylor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town West Plains -
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12
year 42 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from 8/3 1942 to 8/12 1942
that I last saw him alive on 8/12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid Fever Duration 9 days

Due to _____
Due to _____

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

Major findings: Of operations X Of autopsy X
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? X (Specify type of place) _____ Means of injury no
Signature Wayne Thompson (M. D. or other) _____
Address West Plains Mo Date signed 9/24/42

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

46
5
0

RECEIVED

District Health Officer No. 5,51

District File Number 1142964

Date Filed 11-9-42

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.....

Licensed Embalmer No. 3437

P. O. Address West Plain, N.J.

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.