

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

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

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

(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)

In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 906 Nichols
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME RAYMOND ELLIS

3. (b) If veteran, name war No 3. (c) Social Security No 497-03-2203

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gwendola Ellis 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Oct. 20 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>2</u>	<u>11</u>	hr. min.

9. Birthplace McKittrick, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Garage

MOTHER FATHER

12. Name William Ellis

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Kay Ellis

(b) Address 906 Nichols, Fulton, Mo.

17. (a) Burial (b) Date thereof 1/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville, Mo.

18. (a) Signature of funeral director Geo G. Wallace

(b) address Fulton, Mo.

19. (a) Jan 3 1943 (b) Jose Morant Hoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st.
year 1943 hour 7 minutes 45 A.

21. I hereby certify that I attended the deceased from July 26 1941, to Jan 1st 1943
that I last saw him alive on Jan 1st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease Duration 4 years

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? _____

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

23. Signature George J. Wood (M. D. or other) MD
Address Fulton, Mo. Date signed 1/2/43

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

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. 4168

P. O. Address Purton, 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.