S. No. 2
M—9-4-41
5-17-39
I XII

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7353

State File No.

FILED MAR 8 1943

Registration District No. 293

Primary Registration District No. 4436

Registrar's No.

87 1 0

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

1. PLACE OF DEATH:

(a) County Pulls

(b) City or town New London

(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

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulls 87 1

(c) City or town New London 0

(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 0

3. (a) PRINT FULL NAME Ella Wesley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife James Wesley

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

7. Birth date of deceased 3 (Month) 15 (Day) 1881 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 28

year 1943 hour 11 minute 50 PM

21. I hereby certify that I attended the deceased from May 15 1942 to Jan 1 1943

that I last saw her alive on Jan 1 1943

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	
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.

8. AGE: Years 62 | Months 10 | Days 13 | If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER

12. Name John Estill

13. Birthplace New London (City, town, or county) Mo 0 (State or foreign country)

MOTHER

14. Maiden name Sarah

15. Birthplace [illegible] (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Harbin Ford

(b) Address New London

17. (a) New London Mo (Burial, cremation, or removal) (b) Date thereof 2 (Month) 2 (Day) 43 (Year)

(c) Place: burial or cremation New London Mo

18. (a) Signature of funeral director Geo E Roberts

(b) Address Hannibal

19. (a) 2-13-43 (Date received local registrar) (b) R R Berkemeyer (Registrar's signature)

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 Wm. G. Fox (M. D. or other)

Address Hannibal Mo Date signed Feb 4 1943

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(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1954

RECEIVED
District Health Officer No. 10
District File Number 3-42-4-9
Date Filed MAY 4 1943

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.....

P. O. Address.....

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.