

REG. JUN 11 1943
Registration District No. 91

Primary Registration District No. 433

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town PUTNAM
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution MONROE HOSPITAL & CLINIC
(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

3. (a) PRINT FULL NAME MONTY CICERO ELLISON

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M-O 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased FEB 3 - 1967
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED FARMER

11. Industry or business _____

12. Name JOHN ELLISON

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

14. Maiden name FRANCES CAMPBELL

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

16. (a) Informant Mrs. Henry Hellman

(b) Address 412 S. W. St., N. C. Mo.

17. (a) BURIAL (b) Date thereof _____ (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. D. Sussler

(b) Address Unionville, Mo.

19. (a) 611/43 (b) _____ (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County SULLIVAN
(c) City or town POLLOCK, Mo. 105
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY - day 29
year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from MAY 26 1943 to MAY 29 1943 that I last saw h. W.M. alive on MAY 29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis 10 YRS
Cerebral hemorrhage 5 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1318

Major findings: Of operations _____

Of autopsy _____

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 Field Martin (M. D. or other) _____

Address Unionville Date signed 5/31/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-43-1056

Date Filed JUN 10 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 Geo Husted.....

Licensed Embalmer No. 2975.....

P. O. Address Unionville.....

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.