

S. No. 2  
M-5-42  
17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27588  
Registrar's No. 64

LED SEP 11 1943

Registration District No. 13 Primary Registration District No. 5291

1. PLACE OF DEATH:  
(a) County Liberty  
(b) City or town Rural  
(c) Name of hospital or institution J.O.F. Home Hosp.  
(d) Length of stay: In hospital or institution 20 years  
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri  
(b) County Liberty  
(c) City or town  
(d) Street No. Route # 27  
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME NANCY ELLINGS  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 26 year 1943 hour 5 minute 30 P.M.  
21. I hereby certify that I attended the deceased from May 1, 1943 to Aug. 26, 1943 that I last saw her alive on Aug 26 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, widow 2 divorced widow  
6. (b) Name of husband Henry Ellings  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Apr. 26-1860

Immediate cause of death General paresis & paresis 20 yrs

8. AGE: Years 83 Months 4 Days 0

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

9. Birthplace Calhounville, Ill.

10. Usual occupation Housewife

11. Industry or business  
12. Name Richard Hall  
13. Birthplace England  
14. Maiden name Katherine  
15. Birthplace Ill.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Paul G. Rogers Libt. Mo  
(b) Address  
17. (a) Burial  
(b) Date thereof Aug 28-1943  
(c) Place: burial or cremation Rosebank Cem. Mulberry

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?  
(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

18. (a) Signature of funeral director Church  
(b) Address Libt. Mo  
19. (a) Aug 27 1943 (Date received by registrar)  
(b) Helen Early (Registrar's signature)

23. Signature Burton Matthey (M. D. or other) M.D.  
address Liberty Mo Date signed 27-8-43

926 (Licensed Embalmer's Statement on Reverse Side)

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

4000

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-10-73

**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 Edgar Archer.....

Licensed Embalmer No. 3311.....

P. O. Address Liberty, 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.