

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39415

NOV 19 1943

State File No.

Registration District No. 374

Primary Registration District No. 6276

Registrar's No.

1. PLACE OF DEATH:

(a) County North  
(b) City or town Parnell, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural Union Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether)  
In this community all life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North  
(c) City or town Parnell, Mo. Union  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT

FULL NAME ELMER JOHNSWORTH

3. (b) If veteran,  
name war no

3. (c) Social Security  
No. no

4. Sex MALE

5. Color or  
race WHITE

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

6. (b) Name of husband or wife WIFE 59

6. (c) Age of husband or wife if  
alive 42 years

7. Birth date of deceased 8

(Month)

24

(Day)

1887

(Year)

8. AGE:

Years

Months

Days

If less than one day

56

2

24

hr.

min.

9. Birthplace

(City, town, or county)

Iowa  
(State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name WILLIAM ELLSWORTH

13. Birthplace

(City, town, or county)

0  
(State or foreign country)

14. Maiden name MARY VOGHT

15. Birthplace

(City, town, or county)

0  
(State or foreign country)

16. (a) Informant MRS. SUSIE ELLSWORTH

(b) Address Parnell, Mo

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 10 31 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation 1 SADORIA, Mo

18. (a) Signature of funeral director Long T Boyd

(b) Address Shenandoah, Mo

19. (a) Nov 2-1943  
(Date received local registrar)

(b) Archie Seiden  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28  
year 1943 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Oct 26  
1943 to Oct 28 1943  
that I last saw him alive on Oct 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 4 days

Due to

Due to

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

Major findings:  
Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 Egbert Crowson M.D. (M. D. or other)

Address Parnell, Mo Date signed Oct 29 1943

(Licensed Embalmer's Statement on Reverse Side)

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.....

John Andrews Jr....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4211

P. O. Address Grant City

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Dec

Registration District No. 374

Primary Registration District No. 6276

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Worth  
 (b) City or town Rural Union Twp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(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 NAMEElmer John Ellsworth

## 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 m

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if

alive

## 7. Birth date of deceased

Aug 4 1888  
(Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

56210min.

## 9. Birthplace

(City, town, or county)

Idaho  
(State or foreign country)

## 10. Usual occupation

## 11. Industry or business

## 12. Name

## 13. Birthplace

(City, town, or county)

(State or foreign country)

## 14. Maiden name

## 15. Birthplace

(City, town, or county)

(State or foreign country)

## 16. (a) Informant

## (b) Address

## 17. (a)

(Burial, cremation, or removal)

## (b) Date thereof

(Month) (Day) (Year)

## (c) Place: burial or cremation

## 18. (a) Signature of funeral director

## (b) Address

## 19. (a)

(Date received local registrar)

## (b)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

- (c) City or town (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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Oct
- Day
- 28

year 1943 hour minute M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

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

Immediate cause of death Pneumonia

Duration

Due to

Due to

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

Major findings:

Of operations

Of autopsy

## PHYSICIAN

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- (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
- Edbert Crowson
- (M. D. or other)

Address Parnell Mo Date signed Dec 10 1943

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

S-39415