

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 14 1944

Registration District No. 251

Primary Registration District No. 3045

Registrar's No. 206-1

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm Rural
(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

Mrs Ella C. Musso

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, 2 divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased 9 22 1850
(Month) (Day) (Year)

8. AGE:

Years 88 Months 11 Days 4 If less than one day hr. _____ min. _____

9. Birthplace New Castle Pa
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name James Mc Elligant
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Ella Steguyar
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Harry W. Bollinger
(b) Address Hopkins Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins family
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Marionville Mo

19. (a) 1-4-44 (b) Harry Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1944 hour 10 minute 30 AM

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw her alive on Dec 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

Duration

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 H. E. Ferguson (M. D. or other)
Address Marionville Mo Date signed 1/4/44

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..... *William Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Marshall*

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.