

FILED MAY 11 1944
Registration District No. **739**

Primary Registration District No. **4775**

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

1. PLACE OF DEATH:

(a) County **Holt**
(b) City or town **Oregon**
(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 **14 Months**
In this community **14 Months**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **William Monroe Ellis**

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

4. Sex **Male** () 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Susan Adeline Kelly** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 20 1852**
(Month) (Day) (Year)

8. AGE: Years **91** Months **8** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Post Oak Springs Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Railroader**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Jennie**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Ellis**
(b) Address **Oregon, Missouri**
17. (a) **Burial** (b) Date thereof **April 27 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forbes, Missouri**
18. (a) Signature of funeral director **Jama H Pettigosh**
(b) Address **Oregon Mo**
19. (a) **4-27-44** (b) **Calvine Dawson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **24**
year **1944** hour **9** minute **2** M.

21. I hereby certify that I attended the deceased from **April 20**, 1944, to **April 24**, 1944;
that I last saw him alive on **April 23**, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death **Separation of myo-cardium 4 days**

Due to **arteriosclerotic coronary thrombosis**

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **gfa**
Of autopsy **none**

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? **none**
(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 **E. F. Kearney** (M. D. or other)
Address **Osage, Mo** Date signed **4/28/44**

Duration
Physician
Underline the cause to which death should be charged statistically.

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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 James K. Pettigrove
Licensed Embalmer No. 3192
P. O. Address Oregon 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.