

FILED AUG 15 1944

State File No.

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 23

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: New Madrid
(a) State Mo (b) County New Madrid
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. North 4 miles of New Madrid (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LLOYD EUGENE ELLIS
(b) If veteran, name war No (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26
year 1944 hour 10 am minute 0 M.
21. I hereby certify that I attended the deceased from June 23
1944 to July 26 1944
that I last saw her alive on July 26 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 44
7. Birth date of deceased: June 28 1944
(Month) (Day) (Year)

Immediate cause of death Gastro-Enteritis
Duration

8. AGE: Years Months Days If less than one day
1 2 hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 1944
Major findings: Of operations
Of autopsy

9. Birthplace Poplar Bluff Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Child

11. Industry or business
12. Name Carl Ellis
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Fran Fuller
15. Birthplace Mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant Carl Ellis
(b) Address East Prairie Mo R.1.
17. (a) Burial (b) Date thereof 7/27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Raywood

Signature S. O. Martin (M. D. or other)
Address East Prairie Mo Date signed 7-26-44

18. (a) Signature of funeral director Friends
(b) Address
19. (a) Aug 2-1944 (b) Helwood Jones
(Date received local registrar) (Registrar's signature)

Buries in Raywood Cemetery WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 844-1134

Date Filed 8-11-44

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 Not Embalmed.....

Licensed Embalmer No.....

P. O. Address.....

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.