

FILED OCT 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 81400

Registration District No. 25-1

Primary Registration District No. 3048

Registrar's No. 141

1. PLACE OF DEATH

(a) County Nodaway  
(b) City or town Marionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(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  
years, months or days)

3. (a) PRINT FULL NAME Mary Eva Ellsworth

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife H. M. Ellsworth 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May - 19 - 1858  
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Reinhart Germany

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Sager Germany

15. Birthplace Richmond Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Edmonstone

(b) Address 2205-7th Ave. Colbyville Mo

17. (a) Burial (b) Date thereof 9-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Cemetery

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 957 South Main Marionville Mo

19. (a) 9-20-44 (b) Amy Barber  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Marionville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 124 West 5th St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17  
year 1944 hour 12:45 minute AM

21. I hereby certify that I attended the deceased from July 8  
\_\_\_\_\_ 19 44 to Sept 17 19 44  
that I last saw h. alive on Sept 17 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration  
Due to Senile

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(c) 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? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature A. J. Porter (M.D. or other) M.D.  
Address Marionville Mo Date signed 9-20-44

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

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

MOTHER FATHER

1349

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1945

FEB 14 1957

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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.....

*William Campbell*

Licensed Embalmer No. ....

*3620*

P. O. Address.....

*Marionville 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.