

FILED DEC 9 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. **3017**

1. PLACE OF DEATH:

(a) County **Cooper**  
(b) City or town **Boonville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**At home.**  
(If not in hospital or institution, write street number or location) **1**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community **Most of life.**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** **27**  
(c) City or town **Boonville** **1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Water St.** **2**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_ **17**

3. (a) PRINT FULL NAME **Mrs. Ellen Hall.**

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

4. Sex **Female** 5. Color or race **Black** 6. (a) Single, widowed, married, divorced **2** **widowed**  
6. (b) Name of husband or wife **???** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **December 25<sup>th</sup> 1851**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**93 10 23** hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife.**

11. Industry or business **At Home.**

MOTHER FATHER  
12. Name **Unknown.**  
13. Birthplace **"** (City, town, or county) (State or foreign country) **11 ✓**  
14. Maiden name **Unknown.**  
15. Birthplace **"** (City, town, or county) (State or foreign country) **11 ✓**

16. (a) Informant **William Brown.**

(b) Address **Boonville, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 18<sup>th</sup> /44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cem. Boonville, Mo.**

18. (a) Signature of funeral director **Goodman & Belle**

(b) Address **Boonville, Mo.**

19. (a) **Nov-10-44** (b) **Dr. Chas. Swap.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **16<sup>th</sup>**  
year **1944** hour **7** minute **8** A.M.

21. I hereby certify that I attended the deceased from **Nov. 4<sup>th</sup> 1944** to **Nov 16<sup>th</sup> 1944**  
that I last saw ~~her~~ **her** alive on **Nov 15<sup>th</sup> 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis and chronic nephritis**  
Duration **?**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **app. 131**  
(Include pregnancy within 3 months of death)

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

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? **0**

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury **0**

23. Signature **T C Rickett MD** (Date of other) \_\_\_\_\_  
Address **Boonville MO** Date signed **11-18-44**

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

1050

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-5-47

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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

*J. H. Goodwin*

Licensed Embalmer No. 1178

P. O. Address *Boonville, 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.**