

FILED DEC 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38446

Registration District No. 250

Primary Registration District No. 5849

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Clyde, MO
(c) Name of hospital or institution Jefferson Hosp
(d) Length of stay: In hospital or institution 1
In this community 66 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison
(c) City or town Clyde, MO
(d) Street No. Jefferson
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Mr. W.M. Henry Ellsman
3. (b) If veteran, name war L
3. (c) Social Security No. NON

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 23
year 1944 hour 12 minute 50 P.M.
21. I hereby certify that I attended the deceased from 1932 to NOV 23, 1944
that I last saw him alive on 16-21, 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 Married
6. (b) Name of husband or wife Catherine Ellsman 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb 29 1878

Immediate cause of death Terminal Pneumonia
Chr. myocarditis
Chr. Arteritis

8. AGE: Years 86 Months 8 Days 1 If less than one day L hr. L min.

Due to Chr. Arteritis
Other conditions (Include pregnancy within 3 months of death) 93d

9. Birthplace Attenua Iowa

Major findings of operations 93d
Of autopsy

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Joseph Ellsman

13. Birthplace Ph...

14. Maiden name Ph...

15. Birthplace Ph...

16. (a) Informant Miss Helen Ellsman

(b) Address Clyde, MO

17. (a) (b) Date thereof 11, 24, 44

(c) Place: burial or cremation Cremation, MO

18. (a) Signature of funeral director L. H. ...

(b) Address ...

19. (a) 11-23-44 (b) A. B. Barnett

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) (2) Means of injury

23. Signature A. M. Boyles (M. D. ...)

Address Marionville Date signed 11-23-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7400

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.....

Leroy H. Phillips

Licensed Embalmer No.

1898

P. O. Address.....

Stoney MD

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.