

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1135

FILED JAN 10 1948

Primary Registration District No. 2000

Registrar's No. 962

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town SPRINGFIELD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2047 KELLETT AVE.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2047 Kellett Ave.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 1-2

3. (a) PRINT FULL NAME RACHEL ELLEN ELLIS

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased SEPT. 8, 1938  
(Month) (Day) (Year)

8. AGE: Years 6 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Springfield Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation In school

11. Industry or business at Home

12. Name Emmerson R. Ellis

13. Birthplace Putman Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Jetta M. Anderson

15. Birthplace Putman Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant And Ellis

(b) Address 2047 Kellett, Springfield, Mo.

17. (a) Removal Dec 31, 1944 (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Princeton, Mo.

18. (a) Signature of funeral director J. W. Kingner Co.

(b) Address Springfield, Mo.

19. (a) 12-28-44 (b) B. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28  
year 1944 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-27 1944 to 12-27-44 1944;  
that I last saw her alive on 12-27-44 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Laryngeal Diphtheria Duration 4 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature [Signature] (M. D. or other)

Address Springfield, Mo. Date signed 12-28-44

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

---

---

**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..... *Ogle Stone Jr.*.....  
Licensed Embalmer No. *4126*.....  
P. O. Address..... *Springfield*.....

**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.**