

FILED FEB 8 1945  
128

Registration District No. \_\_\_\_\_ Primary Registration District No. **2000**

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

**1. PLACE OF DEATH:**

(a) County **GREENE**  
**Springfield**

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Burge Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Christian**

(c) City or town **Highlandville**  
(If outside city or town limits, write "RURAL.")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Mrs Meta Betrice Ellingsworth**

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 **married**

6. (b) Name of husband or wife **Walter Ellingsworth** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **Aug 4 1911**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Jan.** day **24**  
year **1945** hour **1:30** minute **PM** M.

21. I hereby certify that I attended the deceased from **Jan 23** 19**45**, to **Jan 24** 19**45**

8. AGE: Years **33** Months **5** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Clever, (Christian) Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

that I last saw **her** alive on **Jan 24** 19**45**; and that death occurred on the **date** and hour stated above.

Immediate cause of death **Pulmonary Embolism**

Due to **Post Operative**

Due to **Toxemia of Pregnancy**

Other conditions (Include pregnancy within 3 months of death) **14511**

**MOTHER FATHER**

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

12. Name **Marion Cobb**

13. Birthplace **UNK. Georgia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lena Wilson**

15. Birthplace **UNK. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lena Cobb**  
(b) Address **Clever, Mo.**

17. (a) **Burial** (b) Date thereof **Jan 26 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Ridge**

18. (a) Signature of funeral director **J.W. Maples**  
(b) Address **Clever, Mo.**

19. (a) **1-26-45** (b) **J.W. Handley**  
(Date received local registrar) (Registrar's signature)

Major findings: **Pregnancy 3 mon? Embryo and Placenta**

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? \_\_\_\_\_

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

23. Signature **Joseph S. James** (M. D. or other) \_\_\_\_\_  
Address **Springfield, Mo.** Date signed **1-26-45**

**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.W. Maples* .....  
Licensed Embalmer No. *2985* .....  
P. O. Address..... *Cleaver 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.**

*J*