

U. S. No. 2  
OM-8-43  
Ev. 5-17-39  
I X37823

2533

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BUREAU OF THE CENSUS  
FILED JAN 16 1945

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 279

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune-Brooks Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hours  
(Specify whether)

In this community - - -  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**

(c) City or town Carthage **1**  
(If outside city or town limits, write "RURAL")

(d) Street No. McCune-Brooks Hospital **3**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country - - - **0**

3. (a) PRINT FULL NAME Kenneth Bowker Ellis

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male **0** 5. Color or race White

6. (a) Single, widowed, married, divorced Single **1**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 23 1944  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>8</u> hr. _____ min.

9. Birthplace Carthage **0** Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name Lillard Ellis

13. Birthplace Palmara **0** Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Grace East

15. Birthplace Neosho **0** Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillard Ellis

(b) Address Route 3, Carthage, Mo.

17. (a) Burial (b) Date thereof Dec. 24, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Missouri

19. (a) 12/23/44 (b) Elizabeth Coplein  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23  
year 1944 hour 8 minute 15-4 M.

21. I hereby certify that I attended the deceased from Dec 22  
1944, to Dec 23, 1944  
that I last saw him alive on Dec 23, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurely  
5 1/2 mtd gestation

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

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

Other conditions 159  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature 178 Byrd M D (M. D. or other)  
Address Carthage Mo Date signed 12-23-44

1203

(Licensed Embalmer's Statement on Reverse Side)

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

19  
1  
3

44-12-1085

**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.....

*not*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Lucy Kneel-Buckwell*

Licensed Embalmer No. *2510*

P. O. Address *Carthage, 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.**