

FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6703

State File No.

Registration District No. 226

Primary Registration District No. 4337

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution:  
MADISON  
(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)

In this community Entire Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe

(c) City or town Madison  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Lige ELLsberry

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Kate ELLsberry

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased April 1 1857  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>7</u>	<u>26</u>	hr. min.

9. Birthplace Monroe Co. UMB  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Jesse ELLsberry

13. Birthplace Do not know  
(City, town, or county) (State or foreign country)

14. Maiden name Do not know

15. Birthplace Do not know  
(City, town, or county) (State or foreign country)

16. (a) Informant Joe ELLsberry

(b) Address Madison Mo

17. (a) Burial (b) Date thereof 11-30-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Mo

18. (a) Signature of funeral director Clarence P. Ma

(b) Address Clarence P. Ma

19. (a) Feb 20 1945 (b) Otis Hedberg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11<sup>th</sup> day 28<sup>th</sup>  
year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-26<sup>th</sup> 1944 to 11-28<sup>th</sup> 1944  
that I last saw him alive on Nov. 27<sup>th</sup> 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-arteriosclerosis

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 97

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)

(c) Means of injury 0

23. Signature Ethel Baker (M. D. or \_\_\_\_\_)

Address Paris Mo Date signed 11-30-44

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

169  
Kend  
Miss C

1126

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 3-45-405

Date Filed MAR 8 1945

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.....

Licensed Embalmer No. 4761

P. O. Address Claremont, N.J.

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.