

FILED MAR 16 1945

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 10

1. PLACE OF DEATH:
 (a) County Mississippi
 (b) City or town Charleston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 years (Specify whether years, months or days)
 In this community 14 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town Charleston (If outside city or town limits, write "RURAL") 67
 (d) Street No. 1 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME Anna Ellis
 3. (b) If veteran, name war -----
 3. (c) Social Security No. -----

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 9th
 year 1945 hour 10 minute 10 P. M.

4. Sex F 5. Color or race Colored
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Hurley Ellis (dec'd)
 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased September 9th 1877
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-8-1945 to 2-9-1945
 that I last saw her alive on 2-9-1945
 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 5 Days 0
 If less than one day hr. --- min. ---

Immediate cause of death: Hypertensive Heart Disease & Replemplegia
 Duration 6 mos.

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

Due to Chronic Nephritis 10 mos.

10. Usual occupation Housewife Retired

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 1318

11. Industry or business
 12. Name Alfred Rodgers
 13. Birthplace N.K. Miss.
 (City, town, or county) (State or foreign country)
 14. Maiden name Sussie Morgan
 15. Birthplace N.K. Ky.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Willie Whitlaw
 (b) Address Ottumwa, Iowa
 17. (a) Burial (b) Date thereof 2-13-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? MO.

18. (a) Signature of funeral director John F. Murrell
 (b) Address Charleston, Mo.
 19. (a) 3/5/45 (b) W. A. Singal
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)
 (e) Means of injury 0
 23. Signature W. A. Singal (M. D. or other)
 Address 204 S. Locust St. Charleston, Mo. Date signed 2-15-45

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

07
1
2

1231

RECEIVED

District Health Office No. 2

District File Number 345-439

Date Filed 3/14/45

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

John F. Kimmel Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston 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.