S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10861

Registration District No. 260

Primary Registration District No. 6225

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural - Washington Tw
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp #3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 1 month (Specify whether
In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City 108
(If outside city or town limits, write "RURAL")

(d) Street No. 414 E. 8th St. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ella Stephenson

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 2 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 18 (Day) 1862 (Year)

8. AGE: Years 82 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation Nurse

11. Industry or business

FATHER
12. Name Hugh V. Gilliland
13. Birthplace Dk (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Emmaline Bowman
15. Birthplace Dk (City, town, or county) (State or foreign country) 4

16. (a) Informant Hosp Recd.
(b) Address Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director Allen E. Hays
(b) Address Nevada Mo

19. (a) 3-20-45 (Date received local registrar) (b) Hazel B. Beuick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1945 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 15, 1944, to March 18, 1945
that I last saw her alive on March 18, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chr. Myocarditis	
~~Due to~~ Fracture - neck - right femur	12/28/44
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Accident 104

(b) Date of occurrence 12/28/44

(c) Where did injury occur? On hospital ward (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Hosp #3 (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature Wm. J. Cremer (M.D. or other)
Address Nevada Date signed 3/19/45

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District [illegible] Officer No. 7,

District File [illegible] 3-45-286

Date Filed 4-9-45

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 not .....

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

working under my personal supervision.

Signed Allen E. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.