. S. No. 2
M—9-4-41
ev. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18437

State File No. .....

FILED JUN 7 1945

Registration District No. 3845 Primary Registration District No. 8075 Registrar's No. 57

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Vernon
(c) City or town: Schell City
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: LILLA JOHNSTON ELLINGER

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: Widowed

6. (b) Name of husband or wife: William Ellinger

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

7. Birth date of deceased: Dec. (Month) 28, (Day) 1870 (Year)

8. AGE: Years 74 Months 4 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace: Falls City (City, town, or county) Nebr. (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business .....

FATHER
12. Name: James Lampman Johnston
13. Birthplace: St. Thomas (City, town or county) Canada (State or foreign country)

MOTHER
14. Maiden name: Sarah Johnston
15. Birthplace: St. Thomas (City, town, or county) Canada (State or foreign country)

16. (a) Informant: Harold O. Ellinger
(b) Address: 935 W Walnut Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 8, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cemetery

18. (a) Signature of funeral director: Lute Lewis & Son
(b) Address: Schell City Mo.

19. (a) 5-7-45 (Date received local registrar) (b) Hazel B. Beurak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1945 hour 01 minute 50 A.M.

21. I hereby certify that I attended the deceased from Apr. 30, 1945 to May 5, 1945 that I last saw her alive on May 4 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute spreading peritonitis	5 da
Due to: Acute appendicitis	3 da
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operation: Acute appendicitis
Of autopsy: 1/21/2

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: No

23. Signature: G R Krug (M. D. or other)
Address: Nevada, Mo Date signed 5-7-45

1331 (Licensed Embalmer's Statement on Reverse Side)

FEB 20 1947

RECEIVED
District Health Officer No. 7,
District File Number 5-45-508
Date Filed 6-6-45

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: Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell City, 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.