

FILED NOV 16 1945

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 1 month
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 226 Park Ave;
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Ray Vincent Elledge

3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Sept. 11 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Ray Elledge
13. Birthplace Rogers Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Estelene Smith
15. Birthplace Joplin Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Estelene Elledge
(b) Address 226 Park St, Joplin Mo.

17. (a) Burial (b) Date thereof 10-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo

19. (a) 10-18-45 (b) Ed D James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12, 1945
year hour 11-00 A. Minute M.

21. I hereby certify that I attended the deceased from Oct 9-11-45
19 to 10-12-45

that I last saw him alive on Oct 12
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis from
Infectious
Disinfection

Due to organism not known

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1198
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) (e) Means of injury

23. Signature Ed D James (M. D. or other)
Address Joplin Mo. Date signed 10-18-45

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

NEW YORK

1404

10-18-45

45-10-851

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 *Henry J. Purbeck*

Licensed Embalmer No. *959*

P. O. Address *Spring Hill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.