. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40782

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 408

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

(c) Name of hospital or institution: 317 MERRIWEATHER /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no — (Specify whether
In this community 40 YEARS,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CAPE GIR. 16

(c) City or town CAPE GIRARDEAU 1
(If outside city or town limits, write "RURAL")

(d) Street No. 317 MERRIWEATHER 4
(If rural, give location) 0

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

If yes, name country —

3. (a) PRINT FULL NAME EARLE P. ELLIS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife LIDA

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

7. Birth date of deceased MARCH (Month) 25 (Day) - 1869 (Year)

8. AGE: Years 76 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation AGENT

11. Industry or business INSURANCE Co.

FATHER
12. Name NELSON O. ELLIS.
13. Birthplace SCOTT Co. (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name MARTHA ANCELL
15. Birthplace ANCELL (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant MRS. MARION ROGERS.
(b) Address ST. LOUIS. Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 9-1945 (Month) (Day) (Year)
(c) Place: burial or cremation MAUSOLEUM

18. (a) Signature of funeral director Walthers Und. Co
(b) Address Cape Girardeau Mo

19. (a) 12-11-45 (Date received local registrar) (b) C. C. Dummer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th
year 1945 hour 10 55 minute a. M.

21. I hereby certify that I attended the deceased from Nov 21st, 1945, to Dec 7th, 1945
that I last saw him alive on Dec. 6th, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompsation loss of blood & shock	15 days
Due to having right foot accidentally torn off by R.R. train, necessitating amputation of lower leg.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 16 9-8 30

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)~~ 136

(b) Date of occurrence Nov. 21st 1945

(c) Where did injury occur? near Thebes, Illinois (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in R.R. yards (Specify type of place)

While at work? no (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~)

Address Cape Girardeau, Mo. Date signed 12/8/45

1509 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 146-1487

Date Filed 1-7-46

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - 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.