. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 10567

FILED APR 11 1946

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 102

**1. PLACE OF DEATH:**

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 yrs. 10 mos. (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Dunklin 94

(c) City or town Holcomb 0
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 0
(If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** LORETTA (LAURA) P. ELLIS

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife Perry Ellis

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

7. Birth date of deceased (Month) About (Day) 1864 (Year)

8. AGE: Years About 82 | Months | Days | If less than one day hr. min.

9. Birthplace Bollinger County, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas J. Johnson
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Matilda Busey
15. Birthplace Cape Girardeau, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Malden Cem., Malden, Mo.

18. (a) Signature of funeral director Bay Funeral Home
(b) Address Malden, Missouri

19. (a) 3/25/46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 8 year 1946 hour 3 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 1, 1925, 19 , to March 8, 1946, 19 ; that I last saw her alive on March 8, 1946, 19 ; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Arteriosclerosis — Generalized w/ Marked | |
| Due to | |
| Due to | |
| Other conditions Dementia Praecox Psychosis (Include pregnancy within 3 months of death) | 30 yrs |

Major findings:
Of operations
Of autopsy No autopsy. 97

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

23. Signature Emmett L. Hoch (M. D. or other)
Address Farmington Mo Date signed 3/8/46

289 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 446-1994
Date Filed 4-10-46

## 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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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.**