

FILED APR 17 1946

Registration District No. _____

Primary Registration District No. **3004**Registrar's No. **19**

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1405 Poplar /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 31 years
years, months or days)

3. (a) PRINT FULL NAME JOHN THOMAS ELLYSON

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rhoda A. Ellyson 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased October 5 1873
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>72</u> | <u>5</u> | <u>21</u> | hr. _____ min. _____ |

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

10. Usual occupation Farmer-Retired

11. Industry or business _____

12. Name James Ellyson

13. Birthplace Monroe County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Beam

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rhoda A. Ellyson

(b) Address Lamar, Missouri.

17. (a) Burial (b) Date thereof April 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) MAR 27 1946 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Lamar
(If outside city or town limits, write "RURAL")
 (d) Street No. 1405 Poplar
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
 year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 22 1946, to March 21 1946
 that I last saw him alive on Feb. 22 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death.

Carcinoma of Prostate

Duration

3+ months

Due to _____

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:

(c) 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 Jern T. Bichel (M. D. or other) M.D.
 Address Lamar, Mo. Date signed MAR 27 46

RECEIVED

District Embalmer No. 6,

District File No. 446-424

Date Filed APR 12 1946

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 Carl J. Kowitz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.