

**FILED APR 30 1946 STANDARD CERTIFICATE OF DEATH**

15421

State File No. 15421

Registration District No. 338

Primary Registration District No. 4501

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Bloomfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103  
(c) City or town Idalia, Rural  
(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 ALVIN S. ELLSWORTH

3. (b) If veteran, name war 2nd World 3. (c) Social Security No. None

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 Oct. 1, 1912  
(Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 24 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Rufus Ellsworth  
13. Birthplace Stoddard co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mollie Jarrell  
15. Birthplace Idalia, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Rufus Ellsworth  
(b) Address Idalia, Missouri  
17. (a) Burial (b) Date thereof Mar. 28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sadlers Chapel

18. (a) Signature of funeral director Chiles Und. Co.  
(b) Address Bloomfield, Mo.  
19. (a) April 2, 1946 (b) Rose Webber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th  
year 1946 hour 9:00 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Homicide  
(b) Date of occurrence March 25, 1946  
(c) Where did injury occur? Bloomfield Stoddard Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, of farm, in industrial place, in public place?  
Streets of Bloomfield  
While at work? no (Specify type of place) (e) Means of injury gun shot  
23. Signature St. Coroner (If not other)  
Address Dexter, Mo. 3 Date signed Mar 25, 1946

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Office No. 2  
District File Number 46-551  
Date Filed 4-29-46

**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.....

*Juan B. Cooper*

Licensed Embalmer No. 4119

P. O. Address. Bloomfield, 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.**