

FILED SEP 10 1946
Registration District No. 2403

Primary Registration District No. 5827

State File No.

Registrar's No. 30

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Marston, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
No.
(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 1 Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72
(c) City or town Marston,
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Steve Ellis

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

4. Sex M 2 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Sent, 1 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 17 hr. min.

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

10. Usual occupation Farmine

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Bowens

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

16. (a) Informant Gladys Mae Ellis

(b) Address 1313 N. Euclid St. Louis, Mo.

17. (a) Removed (b) Date thereof 8-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest City, Ark.

18. (a) Signature of funeral director Richards Und, Co.

(b) Address New Madrid, Mo.

19. (a) 8-21-46 (b) H. L. Ponder Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1946 hour 8:30 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
No. Medical attendant for about a month. by due to all records death was due to Apoplexy.

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

Duration

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? 3

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Leo H. Hays Coroner
Address New Madrid, Mo. Date signed 8/19-46
(M. D. or other)

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

MOVER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.