

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: _____
(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, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy ⁴⁶

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

(d) Street No. 1312 Kilsco ²
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOYCE JEAN ELLIS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1946 hour 2 minute 9 M.

4. Sex Female 5. Color or race W

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

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

7. Birth date of deceased: May (Month) 7 (Day) 1946 (Year)

21. I hereby certify that I attended the deceased from May 7, 1946 to Oct 29, 1946 that I last saw him alive on Oct 1, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

Years	Months	Days	If less than one day
	5	23	

hr. min.

Immediate cause of death: Heart Disease Valvular (Cong)

Due to _____

Due to _____

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

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

10. Usual occupation Infant

11. Industry or business _____

12. Name Charles Ellis

13. Birthplace Trenton Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Frances Brunsen

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

16. (a) Informant Charles Ellis

(b) Address 411 W 22nd

17. (a) Burial (b) Date thereof 10-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director Charles Brunsen

(b) Address Trenton Mo.

19. (a) 10-31-46 (b) Gene Jais
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature E. A. Nuffly (M. D. or other) ⁰

Address Trenton Mo Date signed Oct 31

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

30002

115

DISTRICT HEALTH OFFICE
Cameron, Mo.

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, ~~of~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Chas D Lyman*.....

Licensed Embalmer No. *3109*.....

P. O. Address *Trenton, 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.