. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

215

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days. (Specify whether
In this community 6 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1320 No. 10th. St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Barat Francis Ellis Jr.

3. (b) If veteran, name war None

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 None

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

7. Birth date of deceased Dec. (Month) 29 (Day) 1946 (Year)

8. AGE Years New Born Months 0 Days 6 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business None

FATHER
12. Name Barat Ellis
13. Birthplace St. Joseph (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Dorothy Shuttle
15. Birthplace Framlingham (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs Dorothy Ellis (mother)
(b) Address 1320 No 10

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 1-11-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1947 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from Dec. 29, 1946, 19..., to Jan. 4, 1947, that I last saw him alive on Jan. 4, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Mongolian idiot — Duration 6 da.

Due to congenital condition

Due to

Other conditions (Include pregnancy within 3 months of death) 157 M

Major findings:
Of operations None
Of autopsy None

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 0

23. Signature W. M. Tasebaker (M.D. or other)

Address St. Joseph, Mo. Date signed 1/6/47

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.