

FILED FEB 21, 1947

Registration District No. _____

Primary Registration District No. 5057

State File No. _____

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett, Rural, Kings Prairie
(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 None (Specify whether
In this community Most of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett Rural
(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 John M. Ellis

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Carolina Ellis
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 3, 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1947 hour 1:50 minute A. M.

21. I hereby certify that I attended the deceased from 6-2-34, 19____, to 2-2, 1947
that I last saw him alive on 1-23-, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia due to Prostatism

Duration

1 mo

8. AGE: Years 90 Months 2 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Benjiman Ellis
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)
14. Maiden name Cena Hall
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cena Spain

(b) Address Monett, Missouri Route 1

17. (a) Burial (b) Date thereof Feb 5 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calton Cemetery

18. (a) Signature of funeral director Bennett & Wormington

(b) Address Monett, Missouri

19. (a) 2-4-47 (b) W. M. West
(Date received local registrar) (Registrar's signature)

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:
(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 2

23. Signature J. J. Baldwin (M. D. or other) _____
Address Purdy Mo Date signed 2-3-47

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

RECEIVED

District Health Officer No. 6,
District File Number 247-250

Date Filed FEB 19 1947

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 R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett 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.