

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution: 1825 Virginia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ella M. Skelly

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

4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Willis E. Skelly 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Frederica Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Ashwell 13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name unknow 15. Birthplace unknow
(City, town, or county) (State or foreign country)

16. (a) Informant Willis E. Skelly
(b) Address 1325 Virginia

17. (a) Burial (b) Date thereof 2-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Part Memorial

18. (a) Signature of funeral director Harnhill Dillon
(b) Address Jasper Mo

19. (a) 2-18-47 (b) Ed Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jasper
(b) City or town Jasper
(c) Street No. 1825 Virginia
(If rural, give location)
(d) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1947 hour 1 minute 30 a M.

21. I hereby certify that I attended the deceased from Sept. 9 1946 to Feb 1947
that I last saw her alive on Feb 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 3 hrs.

Due to Arteriosclerotic myocarditis 8 mo.

Due to Cardio-renal-vascular syndrome yes

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

Major findings: Of operations _____
Of autopsy BIP
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature R. A. Mahoney (or other) Do.
Address Jasper Mo. Date signed 2/17/47

17-2-150

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.....

David Dillon

Licensed Embalmer No. *3898*

P. O. Address. *Joplin, 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.