

FILED APR 2 1947
Registration District No. 209

Primary Registration District No. 3042

Registrar's No. 117

1. PLACE OF DEATH:

(a) County... Marion
(b) City or town... Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence 814 Scyamore /
(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... Missouri (b) County... Marion 64
(c) City or town... Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No... 814 Scyamore 4
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Susan Ellis

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased September 20, 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 25 If less than one day hr. min. 0

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

10. Usual occupation XX

11. Industry or business XX

12. Name Stephen Forman

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

14. Maiden name Gemima Green

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

16. (a) Informant Frank Ellis

(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 7/18/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director W. Campbell Smith

(b) Address 922 Broadway Hannibal, Mo.

19. (a) 3-21-47 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1947 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 13 March 1947 to 15 March 1947
that I last saw her alive on 15 March 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to _____

Due to _____

Other conditions Broncho pneumonia
(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? _____

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

23. Signature M. J. Raen M. D. or other M.D.
Address 113 a S. Main Hannibal Date signed 19 March 1947

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

Rollard

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..... *W. Crawford Smith*

Licensed Embalmer No..... *3814*

P. O. Address..... *Hannibal 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.