

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Evas
State File No. 13112
Registrar's No. 388

FILED MAY 5 1947
Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH: Greene
(a) County... Springfield
(b) City or town... Springfield
(c) Name of hospital or institution... 1714 W. Phelps
(d) Length of stay: In hospital or institution...
In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... Greene
(c) City or town... Springfield
(d) Street No... 1714 W. Phelps
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME... John L. Ellison
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... Single
6. (b) Name of husband or wife...
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... Feb. 19 1947

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27
year 1947 hour 8 minute 15a. M.
21. I hereby certify that I attended the deceased from April 26 1947 to April 27 1947
that I last saw him alive on April 26 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 2 8 hr. min.

Immediate cause of death...
Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace... Tulsa Oklahoma
10. Usual occupation... Infant

Major findings: Of operations
Of autopsy

11. Industry or business...
12. Name... Henson Ellison
13. Birthplace... Lead Hill Arkansas
14. Maiden name... Mary Catherine Cordray
15. Birthplace... Boonville Missouri

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant... Henson Ellison
(b) Address... Springfield, Mo.
17. (a) Burial (b) Date thereof... 4/29/47
(c) Place: burial or cremation... Nowata, Oklahoma

23. Signature... E. L. Evas (M. D. or other)
Address... 318 1/2 College Springfield Mo Date signed 4/29/47

18. (a) Signature of funeral director... H. H. Lohmeyer
(b) Address... Springfield, Mo.
19. (a) 4-29-47 (b) W. E. Handley MD

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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..... *Walter E. Hamble*

Licensed Embalmer No. *3808*

P. O. Address..... *Springfield 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.