

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Hermitage Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether _____)

In this community Name time
years, months or days

3. (a) PRINT FULL NAME Perry Lee Ellison

8. (b) If veteran, name war no

8. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased July 10 - 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 17
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Simon E. Ellison

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

14. Maiden name Mary S. McCarty

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

16. (a) Informant Hospital Records

(b) Address Nevada mo.

17. (a) BURIAL (b) Date thereof 7-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Robert Bellaway

(b) Address Liberty Mo

19. (a) 7-17-47 (b) Kathryn Yancy
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1947 hour 10:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 30
1947, to July 17, 1947
that I last saw him alive on July 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to _____

Due to _____

Other conditions Pericardial Aneurysm
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 RB Lester (M. D. or other) _____

Address Nevada mo. Date signed 7-17-47

RECEIVED
District Health Officer No. 7,
District File Number 6-47-877
Date Filed 7-21-47

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 *Chas. Gilbert Hathaway*

Licensed Embalmer No. *42267*

P. O. Address *Wheatland, 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, above space should be left blank.