. No. 2
-12-45
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32024

Registration District No. 273 Primary Registration District No. 5920 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Wittenberg (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 (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 Mo. (b) County Perry 79

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

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

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Gard Ellison

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widower

6. (b) Name of ~~husband or~~ wife Grace Strickland

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

7. Birth date of deceased July (Month) 4, (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	2	6	hr. min.

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

10. Usual occupation Fisherman.

11. Industry or business

FATHER
12. Name James Ellison
13. Birthplace Perry County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Susan Ashar
15. Birthplace Salem (City, town, or county) Illinois (State or foreign country)

16. (a) Informant James Ellison Jr.

(b) Address Crosstown, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9-12-47 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Wittenberg Cemetery

18. (a) Signature of funeral director Bey Funeral Home

(b) Address Perryville, Mo.

19. (a) 9-12-47 (Date received local registrar) (b) Jos J Zoellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 1947 Coroner of Perry County, Mo. hour minute M.

21. I hereby certify that I attended the deceased from Coroner of Perry County, Mo., 19 to Coroner of Perry County, Mo., 19 ; that I last saw h alive on Coroner of Perry County, Mo., 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture

Due to External force of Frisco Train

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

169.8
30

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 79

(b) Date of occurrence 9/10/47

(c) Where did injury occur? Wittenburg (City or town) Perry (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1/4 mile North of Wittenburg (Specify type of place)

While at work? No (e) Means of injury TRAIN

23. Signature Cecil Wiedman (M. D. or other) DO

Address Perryville Date signed 9/11/47

(Licensed Embalmer's Statement on Reverse Side) Coroner of Perry County, Mo.

RECEIVED

District Health Officer No. 4

District File Number 947-119

Date Filed 9-12-47

SEP 26 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 Albert Bey

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.