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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1947

Registration District No. 11

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33623

Primary Registration District No. 5038

Registrar's No. 90

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Ash Township - Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry 5

(c) City or town: Cassville /
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: Charles Floyd Ellis

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Male 0

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: December (Month) 5 (Day) 1944 (Year)

8. AGE: Years 2 | Months 9 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: Stella (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Child

11. Industry or business ____

FATHER
12. Name: Curtis Ellis
13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ellen Patterson
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Curtis Ellis
(b) Address: Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-9-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Maplewood Cemetery

18. (a) Signature of funeral director: Culver Funeral Home
(b) Address: Cassville, Missouri

19. (a) Sept 17-1947 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1947 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to Sept 5 1947; that I last saw him alive on Sept 5 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to: Thermic Fever	
Due to: Stroke	
Other conditions (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: 5
(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? ____ (Specify type of place) 2
While at work? ____ (e) Means of injury ____

23. Signature: C. R. Brown M. D. or other
Address: Seligman Mo Date signed 9-9-1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1041-1053
Date Filed OCT 20 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 Paul D. Herbert, Registered Apprentice No. 54, working under my personal supervision.

Signed Margaret Calves

Licensed Embalmer No. 4389

P. O. Address Cassville

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.