No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 866

FILED FEB 3 1948

Registration District No. 182 — Primary Registration District No. 3021 — Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Trenton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1516 Princeton Rd. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Ben O Ellis
3. (b) If veteran, name war None
3. (c) Social Security No. —
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 11 (Day) 1875 (Year)

8. AGE: Years 72 Months 8 Days 11 If less than one day ..... hr. ..... min.
9. Birthplace Spickard (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired
11. Industry or business Had worked for Rock Island R.R.
FATHER
12. Name Milton Ellis
13. Birthplace Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Almanthy Shanklin
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant George Rush
(b) Address 1516 Princeton Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery
18. (a) Signature of funeral director ~~[illegible]~~ Chas. A. Gipson
(b) Address Trenton, Mo.
19. (a) Jan 24, 1948 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1948 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from 21 JAN. 1948 to 22 JAN 1948 that I last saw him alive on 21 Jan. 1948 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis generalized
Due to Buerger's Disease with gangrene of both lower extremities
~~Due to~~
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury
23. Signature Joseph M. Quisito (M. D. or other)
Address 1101½ Main St. Date signed 23 Jan 48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1948

VITAL STATISTICS OFFICE
JEFFERSON CITY, MO.

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 J. Gordon Blackmore Registered Apprentice No. 78, working under my personal supervision.

Signed Donald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, 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.