

FILED FEB 5 1948
3723

Registration District No. **3723**

Primary Registration District No. **6154**

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Essex, Mo.
(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)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Essex, Mo. (b) County Stoddard

(c) City or town Essex
(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 BRENDA SUE ELLIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 17, 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>2</u>	<u>2</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name Jess Ellis

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

14. Maiden name Elizabeth Ort

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

16. (a) Informant Jess Ellis

(b) Address Essex, Mo.

17. (a) Burial (b) Date thereof 1-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Essex, Mo.

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Jan 27 (b) Miss Kate Hawley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 48 hour 8 minute 10 M.

21. I hereby certify that I attended the deceased from Jan 17
19 to Jan 23, 48
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Bronchial

Due to Pneumonia

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy 107

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 H. H. Hux (M. D. or other) _____
Address Essex Date signed 1/27

REVISED

District Health Officer No. 2

District No. 248-168

Date Filed 2-2-48

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.....

Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Nexter 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.