

FILED MAR 5 1948

Registration District No. 171

Primary Registration District No. 3025

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 703 Grace Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell
(c) City or town West Plains (If outside city or town limits, write "RURAL")
(d) Street No. 703 Grace Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME

Jno. Wm Ely

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 1944 to Jan 12, 1948 that I last saw him alive on Jan 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: General arteriosclerosis
Arteriosclerotic myocarditis
(Insistent Hypertension)

Duration

2 yrs

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

Major findings: Of operations

Of autopsy

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) 0

While at work? (e) Means of injury

23. Signature E. C. Bohrer (M. D. or other) MO.
Address West Plains, Mo. Date signed 1-17-48

5. Color or race W
6. (a) Single, widowed, married, divorced sm
6. (b) Name of husband or wife Oliver B Ely
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Apr 26 - 1873 (Month) (Day) (Year)

8. AGE: Years 74 Months _____ Days _____ If less than one day (hr. min.)
9. Birthplace Nevada (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Pump Engineer

11. Industry or business

12. Name Juan Ely

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

14. Maiden name Mauch

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

16. (a) Informant Mr. J. W. Ely
(b) Address West Plains, Mo.
17. (a) 18 (b) Date thereof 1-14-48 (Month) (Day) (Year)
(Burial, cremation, or removal) Oak Lawn
(c) Place: burial or cremation

18. (a) Signature of funeral director Robertson
(b) Address West Plains, Mo.

19. (a) Feb 9 - 1948 (b) Beatrice Cook (Date received local registrar) (Registrar's signature)

Boher

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

46
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1

RECEIVED

District No. 5,

District File Number 348120

Date Filed 3-4-48

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 _____

George B. Gray

Registered Apprentice No. _____

working under my personal supervision.

Signed *L. S. Roberts*

Licensed Embalmer No. 3477

P. O. Address *West Plains, 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.