

FILED APR 14 1948

Registration District No. _____

Primary Registration District No. 4031

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrian
(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 25 years (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Chrissie Helen Ely

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Benjamin F. Ely 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased October 7 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Independance Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Frush

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

14. Maiden name Fidelia Wilson

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

16. (a) Informant B. F. Ely

(b) Address Adrian Mo.

17. (a) Removal (b) Date thereof 4-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Smith & King

(b) Address Adrian Mo.

19. (a) 4-9-48 (b) Myra Orndorff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Adrian
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1948 hour 10 45 minute P. M.

21. I hereby certify that I attended the deceased from July 4 1947 to April 7 1948; that I last saw her alive on March 26 1948; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial degeneration
Chronic myocarditis
Due to _____
Due to _____

Duration

6 yrs

6 yrs

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:

(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 2

23. Signature Dr. Colson (M. D. or other) _____
Address Adrian Mo. Date signed 4-8-48

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

RECEIVED

District Health Officer No. 7,

District File Number 3-48-241

Date Filed 4-12-48

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.....

Fred I Leveath 3343

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3650

P. O. Address Adrian Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.