V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1948

Registration District No. 33

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8056

Primary Registration District No. 3010

Registrar's No. 114

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

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 520 So. Hanover
(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: 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No.: 520 So. Hanover
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Frances Elizabeth 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: Widowed

6. (b) Name of husband or wife: Rueben Ellis

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

7. Birth date of deceased: December (Month) 8th (Day) 1863 (Year)

8. AGE: Years 84 | Months 3 | Days 26 | If less than one day: hr. min.

9. Birthplace: Pomona (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: William Sumner
13. Birthplace: Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Hanners
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Leona Ellis

(b) Address: Cape Girardeau, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-06-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Fairmont Cemetery

18. (a) Signature of funeral director: L. R. Hanson

(b) Address: Cape Girardeau, Missouri

19. (a) 4-7-48 (Date received local registrar) (b) C. C. Summer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1948 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1948, to April 4th, 1948, that I last saw her alive on April 4th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Senility

Due to: Arteriosclerosis

Due to:

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

Major findings:
Of operations:
Of autopsy:

Duration: 2

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? (Specify type of place)

(e) While at work? (f) Means of injury

23. Signature: E. R. Schultz (M.D. or other)

Address: Cape Girardeau, Mo. Date signed: 4/6/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 448-485

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.