No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1948

Registration District No. 68

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5267

State File No. 11847

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Highlandville So. Galloway
(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 1 (Specify whether
In this community 75yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian 22 0

(c) City or town Highlandville 0
(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 0

3. (a) PRINT FULL NAME James Robert Ellingsworth

3. (b) If veteran, name war X

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Mary Ellingsworth

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Mar. 19, 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Robert Ellingsworth
13. Birthplace (City, town, or county) unknown 9 (State or foreign country)

MOTHER
14. Maiden name Anna Dunham
15. Birthplace (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Mary Ellingsworth
(b) Address Highlandville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 8, 48
(Month) (Day) (Year)
(c) Place: burial or cremation Jones cemetry

18. (a) Signature of funeral director T.W. Maples
(b) Address Clever, Mo.

19. (a) Mch 1-1948 (Date received local registrar) (b) Loretta Leonard (Registrar's signature) 50

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Oct 1942 to Feb 2, 1948;
that I last saw him alive on Feb. 2, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46 B
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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature R.E. Mitchell (M. D. or other)
Address Ozark, Missouri Date signed 2-4-48

2-4-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 448-488
Date Filed APR 23 1948

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.