

3. No. 2
-1/47
5-17-39

FILED MAY 25 1948
Registration District No. **3072**

Primary Registration District No. **3072**

Registrar's No. **103**

1. PLACE OF DEATH:

(a) County **Saline**

(b) City or town **Marshall, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Ritzgibbons Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 Days**
(Specify whether)

In this community **47 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**

(c) City or town **Marshall**
(If outside city or town limits, write "RURAL")

(d) Street No. **1075 South Brunswick**
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME **Mary Ellen Ellis**

3. (b) If veteran, name war

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **6th. 1879**
years (Month) (Day) (Year)

20. DATE OF DEATH: Month **May** day **15th** year **1948** hour **10** minute **20 P.**

21. I hereby certify that I attended the deceased from **May 15th** to **May 15th** 19**48** that I last saw him alive on **May 15th** 19**48** and that death occurred on the date and hour stated above. **10:20 P.**

8. AGE:

Years	Months	Days	If less than one day
69	4	9hr.min

Immediate cause of death **Encephalitis 2 wk**

Due to

9. Birthplace **Cooper County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Houskeeper**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

11. Industry or business

12. Name **William F. Ellis**

13. Birthplace **Howard County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Jane Poindexter**

15. Birthplace **Unknown Virginia**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant **Harry Ellis**

(b) Address **1075 South Brunswick Marshall, Mo.**

17. (a) **Burial** (b) Date thereof **May 17, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ridge Park cemetery**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

Date of occurrence

(b) 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

18. (a) Signature of funeral director **Compassion Burial**

(b) Address **Marshall, Missouri**

19. (a) **May 17 - 1948** (b) **Sidney T. Gray**
(Date received local registrar) (Registrar's signature)

23. Signature **[Signature]** (M. D. or other)

Address **[Address]** Date signed **5/17/48**

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

MOTHER FATHERS

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-24-48

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, by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

James H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall 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.