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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 27 1948

STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **22317**
Registrar's No. **221**

Registration District No. **43** Primary Registration District No. **3007**

1. PLACE OF DEATH: *Butler County*

(a) County *Butler County*

(b) City or town *Poplar Bluff*
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community *36 yrs.*
years, months or days

3. (a) PRINT FULL NAME *John H. Ellis*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

6. (b) Name of husband or wife *Jamie Ellis*

6. (c) Age of husband or wife if alive *5-3* years

Birth date of deceased: *12* (Month) *22* (Day) *1886* (Year)

8. AGE: Years Months Days If less than one day

61 *6* *17* hr. min.

9. Birthplace *Ill* (City, town, or county) (State or foreign country)

10. Usual occupation *Farming*

11. Industry or business _____

MOTHER FATHER

12. Name *Henry Ellis*

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

14. Maiden name *Unknown*

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

16. (a) Informant *Julia Ellington*

(b) Address *Poplar Bluff, Mo*

17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *7-11-48* (Month) (Day) (Year)

(c) Place: burial or cremation *Caspercraft County*

18. (a) Signature of funeral director *Lambert S. Horne*

(b) Address *Campbell St*

19. (a) *7-13-48* (Date received local registrar) (b) *B. Horne* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo.* (b) County *Butler*

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

(d) Street No. *302 Victory St.*
(If rural, give location)

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

If yes, name country *Mo.*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *9*
year *1948* hour *10* minute *30a.m.*

21. I hereby certify that I attended the deceased from *May 1* 19 *48* to *July 9* 19 *48*
that I last saw him alive on *June 22* 19 *48*
and that death occurred on the date and hour stated above.

Immediate cause of death: *Gasitive*
barrenness

Duration *years*

Due to _____

Due to _____

Other conditions: (Include pregnancy within 3 months of death) *40 B*

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature: *Alfred P. Howe* (Specify type of place) (e) Means of injury *0 1948*

Address: *Poplar Bluff* Date signed: *July 10*

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

RECEIVED

District Health Office

District File Number 248

Date Filed 2-27-

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.