

Registration District No. **251**

Primary Registration District No. **4370**

1. PLACE OF DEATH:

(a) County **Nodaway**  
(b) City or town **Clearmont**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**family residence**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **2 years, 9 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **GARY BOLTON ELLSWORTH**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 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..... years

7. Birth date of deceased **Sept. 16, 1945**  
(Month) (Day) (Year)

8. AGE: Years **2** Months **9** Days **23** hr. min.

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

10. Usual occupation **none**

11. Industry or business **none**

12. Name **John William Ellsworth**

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

14. Maiden name **Martha Leila Neff**

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

16. (a) Informant **John W. Ellsworth**

(b) Address **Clearmont, Missouri**

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

(c) Place: burial or cremation **Clearmont Cemetery**

18. (c) Signature of funeral director **Public Funeral Home**

(b) Address **Maryville, Missouri**

19. (a) **7-11-48** (b) **Bess Bolton**  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**  
(c) City or town **Clearmont**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **none** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9**  
year **1948** hour **1** minute **40** A.M.

21. I hereby certify that I attended the deceased from **May 23**  
**1948** to **July 8**, 1948;  
that I last saw him alive on **July 8**, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Enteritis** Duration

Due to **Abnormal nerve pressure caused by vertebral subluxation**

Due to.....  
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.....

23. Signature **Mar Anne M. Herron** (M.D. or other) **D.C.**

Address **221 N-19 Clarinda Iowa** Date signed **7/12/48**

MOTHER, FATHER

**DISTRICT HEALTH OFFICE**  
**Camden, Mo.**

**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..... *John W. Price* ..  
Licensed Embalmer No. *4281* ..  
P. O. Address *Maryville Mo* ..

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

**If this body is not embalmed, fact should be so stated above.**