

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4656

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4208		Registrar's No. 68	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor 0421			
d. FULL NAME OF HOSPITAL OR INSTITUTION 500 East Benton				d. STREET ADDRESS (If rural, give location) 500 East Benton			
3. NAME OF DECEASED (Type or Print)		a. (First) George		b. (Middle) Harry		c. (Last) Ellis	
4. DATE OF DEATH		(Month) Mar		(Day) 1		(Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 1, 1864	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming-retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ohio	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME A. M. Ellis		13b. MOTHER'S MAIDEN NAME Mary Wilson		14. NAME OF HUSBAND OR WIFE Ella Griggs Ellis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alma Givens, Windsor, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 8 yrs. 57 1/2 X	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 12, 1948, to Mar 1, 1950, that I last saw the deceased alive on Mar 1, 1950, and that death occurred at 0:00 PM, from the causes and on the date stated above.							
23a. SIGNATURE J. A. Blackmore, M.D.				23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 3-3-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-3-50		24c. NAME OF CEMETERY OR CREMATORY Harmony Cemetery		24d. LOCATION (City, town, or county) (State) Benton County, Mo.	
DATE REC'D BY LOCAL REG 3-3-1950		REGISTRAR'S SIGNATURE Florence Adams		422 25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Huston-Turner, Windsor, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 2-50-20

Date Filed 3-12-50

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~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, Md.

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.