

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 5 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17942
Do not use this space.

1. PLACE OF DEATH

(a) County HENRY Registration District No. 352
(b) Township..... Primary Registration District No. 4209 Registered No. 12
(c) City MONTROSE (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

ELLA JOSERHINE NEWMAN ELLISTON
(a) Residence, No. MONTROSE, MO. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WM. OLIVER ELLISTON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 3, 1857
7. AGE YEARS 83 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KEOKUK, IOWA

FATHER 13. NAME WILLIAM NEWMAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LEON, VA.

MOTHER 15. MAIDEN NAME JEMIMA SULLIVAN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LEON, VA.

17. INFORMANT (ADDRESS) Glean D. Elliston Montrose, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose Cave DATE May 10 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lewis Thomsont Montrose Mo

20. FILED 5-10-41, 19 W. E. Baggerly Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1941

22. I HEREBY CERTIFY, That I attended deceased from May 4 1939 to May 4 1941

I last saw her alive on May 4 1941 Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

Ch. myocarditis

Date of onset 1939

Other contributory causes of importance: Cardiac asthma 1940

Name of operation..... Date of.....
What test confirmed diagnosis? Edema Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) W. E. Baggerly M. D.
(Address) Montrose Mo

RECEIVED

District Health Officer No. 7,

District File Number 6-41-905

Date Filed 6-4-41

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton Wis.

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, above space should be left blank.