

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19484 ~~1715~~
State File No.

Registration District No. 8

Primary Registration District No. 202

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Rural, West White Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R # 2, Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 37 years (Specify whether
years, months or days):

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R # 2, Windsor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1941 hour 1:30 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from
April 1, 1941 to May 8, 1941
that I last saw him alive on April 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease Duration _____

Due to Rheumatism 4 yrs

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature J. A. Blackburn (M. D. or other) _____
Address Windsor, Mo. Date signed 5-10-41

3. (a) PRINT FULL NAME John W. 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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 10 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months _____ Days 29 If less than one day _____ hr. _____ min.

9. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name A. M. Ellis

13. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wilson

15. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant H. G. Ellis

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 5-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) May 15 (b) Mr. Army K. Rhodes
(Date received by local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

5002

RECEIVED

District No. of Officer No. 7,

District File Number 6-41-999

Date Filed 6-11-41

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 Edell Huston
Licensed Embalmer No. 3391
P. O. Address Wilkes, 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.