

S. No. 2  
-1/47  
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23988  
Registrar's No. 760

National Office of Vital Statistics  
**FILED JUL 22 1947**  
Registration District No. 5-5-15

Primary Registration District No. 5-5-15

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town Huntingdale  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Shawnee Trip  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo - 10 da  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42  
(c) City or town Huntingdale (Shawnee Twp.)  
(If outside city or town limits, write "RURAL")  
(d) Street No. ✓  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME STELLA ELLINGTON

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Fe! 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife EARL ELLINGTON 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased 12 29 1889  
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Thomas Hodges  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Betty Smith  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Ellington  
(b) Address Huntingdale Mo

17. (a) Burial (b) Date thereof 7-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Paul Cemetery

18. (a) Signature of funeral director Fred Williams  
(b) Address Clinton Mo

19. (a) 7-18-47 (b) R R Kenney  
(Date received local registrar) (Registrar's signature) 1/20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17  
year 47 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral occlusion (apparently) Individual was dead upon my arrival.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: gyp  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause of 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) (Means of injury)

23. Signature James Smith (M. D. or other) M.D.  
Address Clinton, Mo. Date signed 7-18-47

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

RECEIVED  
District Health Officer No. 7,  
District File Number 6-47-854  
Date Filed 7-21-42

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 \_\_\_\_\_

Fred M. Wilkerson Registered Apprentice No. 434  
working under my personal supervision.

Signed Fred M. Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.