

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40295

State File No.

Registration District No. 574

Primary Registration District No. 2774A

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Moniteau Barris Int. 7
(b) City or town Rural, ~~Barris Int. 7~~
(c) Name of hospital or institution: Harrison
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 2 52 Yrs (Specify whether years, months or days)
In this community 2 52 Yrs

3. (a) PRINT FULL NAME John Eliphas. Ellis 420

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie E. Ellis 6. (c) Age of husband or wife If alive 72 years

7. Birth date of deceased Sept 21 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 30 If less than one day hr. _____ min.

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

10. Usual occupation Farming 0

11. Industry or business _____

12. Name Eliphas Ellis 1

13. Birthplace Tenn 1
(State or foreign country)

14. Maiden name Grace Ellis

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

16. (a) Informant's own signature Amelia Ellis

(b) Address High Point Mo,

17. (a) Burial (b) Date thereof Nov 21 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gamble Cem.

18. (a) Signature of funeral director Bonnie J. Funeral Home

(b) Address California

19. (a) 11/22 (b) J. W. Phillips
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Moniteau

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1939 hour 3:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 14, 1939, to Nov. 18, 1939.

that I last saw him alive on Nov. 14, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____

Due to 97

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) Means of injury 38.0

23. Signature J. W. Phillips (M. D. or other) 38.0

Address California Date signed 11/22/39

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

Earl R. Bonkin

Licensed Embalmer No.

2126

P. O. Address

California

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.