

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.

RECEIVED OCT 23 1940

STANDARD CERTIFICATE OF DEATH

State File No. 32901

Registration District No. 706 Primary Registration District No. 4426

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Pulaski  
 (b) City or town Dixon  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether in this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME James Meredith Elkins  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 5. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Rebecca Elkins 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased November 20, 1856  
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Phelps County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

MOTHER FATHER { 12. Name Samuel Elkins  
 13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
 14. Maiden name Martha Wilson  
 15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rebecca Elkins  
 (b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof 9/10/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Big Piney

18. (a) Signature of funeral director Fred H. Gilbert  
 (b) Address Dixon, Missouri

19. (a) 9/12/1940 (b) A. J. Lick  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pulaski  
 (c) City or town Dixon  
(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 Sept. day 7  
 year 1940 hour 6 minute \_\_\_\_\_ PM.

21. I hereby certify that I attended the deceased from 8-1-40  
 to 9-7-40, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him/her alive on 9-7-40, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis  
 Duration P

Due to \_\_\_\_\_  
 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? Yes  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. Miller M.D. (M. D. or other) !  
 Address Dixon, Mo Date signed 9-9-40

RECEIVED

District Health Officer No. 5,

District File Number. 1040968

Date Filed -----

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.....

September 7, 1940

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Fred D. Gilbert*

Licensed Embalmer No. 2341

P. O. Address. Dixon, 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, above space should be left blank.