

Registration District No. 411

Primary Registration District No. 2002

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

19  
522  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jasper  
 (a) County: Jasper  
 (b) City or town: Joplin  
 (c) Name of hospital or institution: 1805 VIRGINIA AVE.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: NONE  
 In this community: 29 years.  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: Jasper  
 (c) City or town: Joplin Missouri.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: 1805 Virginia Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME: Dora Iva Elliott.  
 3. (b) If veteran, name war: No  
 3. (c) Social Security No.: No

20. DATE OF DEATH: Month Jan., day 14, 1941.  
 year \_\_\_\_\_ hour 8-00 P. M. minute \_\_\_\_\_ M.

4. Sex: Fem.  
 5. Color or race: White  
 6. (a) Single, widowed, married, divorced: Married  
 6. (b) Name of husband or wife: O. C. Elliott  
 6. (c) Age of husband or wife if alive: 57 years  
 7. Birth date of deceased: July 19, 1887.  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 20, 1940, to Jan 14, 1941;  
 that I last saw her alive on Jan 14, 1941;  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
53 5 26  
 hr. \_\_\_\_\_ min.

Immediate cause of death: Myocarditis - Cr.  
Hypostatic Pneumonia  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace: Alba Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation: housewife

Other conditions: No  
 (Include pregnancy within 3 months of death)

11. Industry or business: Home.  
 12. Name: John W. Wright  
 13. Birthplace: Ill.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: Percilla Dale  
 15. Birthplace: Illinois.  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant: O. C. Elliott  
 (b) Address: 1805 Virginia, Joplin Mo;  
 17. (a) BURIAL (b) Date thereof: 1-16-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: FAIRVIEW CEM.  
 18. (a) Signature of funeral director: Hurlbut Und. Co;  
 (b) Address: Joplin Mo;  
 19. (a) 1-19-41 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify): no  
 (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?  
no  
 (Specify type of place) (e) Means of injury: \_\_\_\_\_  
 While at work? \_\_\_\_\_  
 23. Signature: [Signature] (M. D. \_\_\_\_\_)  
 Address: Joplin, Mo. Date signed: 1-19-41

Duration: 3-4 mo.  
 PHYSICIAN: \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

41-2-169

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**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 *Sam B. Senevez*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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.**