

Registration District No. 881

Primary Registration District No. 4534

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Warren
 (b) City or town Warrenton
 (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 13 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
 (c) City or town Warrenton
 (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 Almeda M. Elliott

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

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

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

7. Birth date of deceased AUG 29 th 1875
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|------|----------------------|
| | <u>61</u> | <u>10</u> | | hr. _____ min. _____ |

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel Hart
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Ava Wright
 15. Birthplace Mineola, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Emerg Elliott

(b) Address St Louis Mo

17. (a) Burial (b) Date thereof 7/1/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Florence Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) June 30, 1941 (b) aw. Eubling
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 th 1941
 year _____ hour _____ minute 10:12 am

21. I hereby certify that I attended the deceased from June 26 1941 to June 29 1941 that I last saw him alive on June 29 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular renal disease 10 yrs
 Due to _____
 Due to 12/10

Other conditions Acute Chole cystitis 3 days
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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?
GAZ (Specify type of place) _____
 While at work? _____ Means of injury _____

23. Signature Charles L Garcia (M. D. or other) _____
 Address Warrenton Mo Date signed 6/30/41

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

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, ~~only~~ **on the 29**
day of June 1941

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....



..... Licensed Embalmer No. **1487**

..... P. O. Address **Montgomery City 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22991

Registration District No. 881

Primary Registration District No. 4534

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Warrenton
(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 13 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Warren
(c) City or town Warrenton
(If outside city or town limits, write "RURAL")
(d) Street No. Walter St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Almeda M. Elliott
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June Day _____
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____
that I have seen him _____ days on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex F 5. Color of hair brn 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased aug 29 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 30 1941 (b) A. W. Cheek
(Date received local registrar) (Registrar's signature)

Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

MOTHER FATHER

S-22991