

Registration District No. **1110 DEC 6 1941**

Primary Registration District No. **201**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County **Andrew,**  
(b) City or town **Rural, Rochester, Ind.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**R.F.D. # 1, Cosby, Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **11 years,** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Andrew,**  
(c) City or town **Rural** (If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. # 1, Cosby, Mo.** (If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **26th.**  
year **1941** hour **3:00** minute **45 a.m.**  
21. I hereby certify that I attended the deceased from **Nov. 24th**, 1941, to **Nov 26th**, 1941,  
that I last saw him alive on **Nov 25th**, 1941,  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **James K. (Doc) Elrod,**

3. (b) If veteran, name war **None,** 3. (c) Social Security No. **None,**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**  
6. (b) Name of husband or wife **Ella Elrod,** 6. (c) Age of husband or wife if alive **66** years  
7. Birth date of deceased **May 7th, 1871.** (Month) (Day) (Year)

Immediate cause of death **6 cerebral Hemorrhage** Duration **2 days**  
Due to **arteriosclerosis** ?

8. AGE: Years **70** Months **6** Days **19** If less than one day hr. min.

Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations..... **43a!**  
Of autopsy.....

9. Birthplace **Unknown, / Indiana** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer,**

11. Industry or business **Farm, -**

12. Name **Samuel Elrod,**  
13. Birthplace **Unknown, / Indiana,** (City, town, or county) (State or foreign country)  
14. Maiden name **Sarah**  
15. Birthplace **Unknown, / Indiana,** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. James K. Elrod**  
(b) Address **R.F.D. # 1, Cosby, Mo.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11/28/41** (Month) (Day) (Year)  
(c) Place: burial or cremation **Union Chapel Cemetery**

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?

18. (a) Signature of funeral director: **Frank A. Bowman,**  
(b) Address **Savannah, Mo.**  
19. (a) **Nov. 28, 1941** (Date received local registrar) (b) **Mrs. Verneice A. Fite** (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury.....  
23. Signature **E. M. Reynolds** (M. D. or other) **0**  
Address **Union Mo. Mo** Date signed **11/26/41**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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 11/26/4

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10 St Joseph

**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.**