

Registration District No. 5546-4230

Primary Registration District No. 5546-4230

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Ironton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: The Home for Aged Baptists Ironton, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yrs, 6 mos, 5 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron  
(c) City or town Ironton, Mo.  
(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.

8. (a) PRINT FULL NAME Mrs. Sarah Ellen Elliott

8. (b) If veteran, name war. ✓ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Martin Luther Elliott 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased. April 14, 1849  
(Month) (Day) (Year)

8. AGE: Years 92 Months 7 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House wife

11. Industry or Business keeping house

MOTHER FATHER { 12. Name Joseph Green  
13. Birthplace Clinton County, Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Phoda West  
15. Birthplace Clinton County, Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Prof. Busney  
(b) Address Ironton, Mo.

17. (a) buried (b) Date thereof 11-28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cathedral, Mo.

18. (a) Signature of funeral director Thomas White  
(b) Address Ironton, Mo.

19. (a) Nov-29-41 (b) Julia A. Ironton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 11 day 26  
year 1941 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from 11/21  
1941, to 11/26, 1941,  
that I last saw her alive on 11/25, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Broncho Pneumonia

Due to acute naso-pharyngitis

Due to \_\_\_\_\_

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no

Duration  
11/21/41  
107  
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) (e) Means of injury \_\_\_\_\_

23. Signature P. E. Harland (M. D. or other) m. d.  
Address Ironton, Mo. Date signed 11/27/41

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, or by.....

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

working under my personal supervision.

Signed

*Russell White*

Licensed Embalmer No. *5012*

P. O. Address

*Boston Mass*

**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.**