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DEC 13 1941

State File No. _____

Registration District No. _____

Primary Registration District No. 5684

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Dawn Mo. MARSHALL
(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 30 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston ⁵³⁵

(c) City or town Dawn ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Herbert Nitredge Elsas

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1941 hour 12 minute 15 P. M.

4. Sex Male 5. Color or race wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maud E Elsas

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: April 11 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 14
1941, to Nov. 26, 1941;
that I last saw him alive on Nov. 18, 1941;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>15</u>	hr. _____ min.

Immediate cause of death Cortic Stenosis

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

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation Mechanic

11. Industry or business _____

Major findings: _____
Of operations _____

Of autopsy _____

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

MOTHER FATHER

12. Name Sevastion Elsas

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

14. Maiden name Caroling Heller

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

16. (a) Informant Mr. Hubert Elsas

(b) Address Dawn, Mo

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? _____

(c) Place: burial or cremation Blue Mount Cem

18. (a) Signature of funeral director Bernard F Mead

(b) Address Blaymes, Mo.

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. P. E. Young (M. D. or other) D. O.

Address Dudlow, Mo Date signed 11/27/41

19. (a) 11-28-'41 (Date received local registrar)

(b) W. E. Griffiths (Registrar's signature)

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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

James L. Mead

Licensed Embalmer No. *2801*

P. O. Address

Braintree, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.