

Registration District No. 165

Primary Registration District No. 4097

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Stockton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether)
In this community X years, months or days

3. (a) PRINT FULL NAME George W. Elliston

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

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

(b) Name of husband or wife Mary J. Kennedy 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Nov. 4, 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 7 If less than one day X hr. X min.

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

10. Usual occupation Merchant

11. Industry or business X

12. Name Robert Franklin Elliston

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

14. Maiden name Mary Saltmarsh

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

16. (a) Informant Gorda Preston (b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 12, 12, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Cemetery

18. (a) Signature of funeral director W.C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) 1-3-42 (b) Mrs Myrtle Bright Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Stockton (If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 1 day 11 year 1941 hour 10: A.M. minute M.

21. I hereby certify that I attended the deceased from 1941 to Dec 11 1941 that I last saw him alive on Dec 11 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy

Due to... Due to... Other conditions (Include pregnancy within 3 months of death) 130

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature: J. Perez (M. D. or other) 20
Address: Stockton, Mo. Date signed: 12-11-41

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

Melvin Orum

Licensed Embalmer No.

32720

P. O. Address

Stockton

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.