

FILED MAR 16 1942

Registration District No. 163

Primary Registration District No. 4097

Registrar's No. 50

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: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether years, months or days)
In this community XX

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Robert Franklin Elliston

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

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

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Mar. 20, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 20 If less than one day XX hr. X min.

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

10. Usual occupation Farming

11. Industry or business XXX

12. Name Robert Elliston

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

14. Maiden name Mary Saltmarsh

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

16. (a) Informant Resurrection

(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 2-12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caplinger Mills Cemetery

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

(b) Address Stockton, Mo.

19. (a) 3-4-42 (b) Mrs. Myrtle Bright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11
year 42 hour 8:1 minute 00 M.

21. I hereby certify that I attended the deceased from 2-11-42
1942 to 2-11-42 1942

that I last saw him alive on Feb. 11-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Duration 3 days

Due to _____

Due to _____

Other conditions 8301
(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) no

(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 3

23. Signature [Signature] (M. D. or other) [Signature]

Address Stockton, Mo. Date signed 2-12-42

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

200

1054

RECEIVED

District Health Officer No. 7,

District File Number 3-42-225

Date Filed 3-9-42

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 Church

Licensed Embalmer No.

3272

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.