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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7866

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 92

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3324 Oak Ridge Drive /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 52 years

2. USUAL RESIDENCE OF DECEASED: 49
(a) State: Missouri (b) County: Jasper
(c) City or town: Webb City Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. # 1 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Goldia Belle Elliott
3. (b) If veteran, name war: none
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: John E. Elliott
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: February 17, 1875 (Month) (Day) (Year)

8. AGE: Years 68 | Months 11 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace: Randolph county (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: Charles Hammers
13. Birthplace: Virginia / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Martha Ellen Eppard
15. Birthplace: Virginia / (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Nettie Hunsaker
(b) Address: 3324 Oak Ridge Drive, Joplin
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2/14/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Hope Cemetery
18. (a) Signature of funeral director: PARKER-HUNSAKER
(b) Address: 1502 Joplin, Joplin, Mo.
19. (a) 2-11-44 (Date received local registrar) (b) Gertrude Sudkoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11 year 1944 hour 4 minute 40 A.M.
21. I hereby certify that I attended the deceased from Jan. 20, 1944, to Feb. 11, 1944, that I last saw him alive on Feb. 10, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	7 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: O. T. Blanke (M. D. or other) M.D.
Address: Joplin, Mo. Date signed: 2-11-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-22-44
District Health Officer No.
District File Number 24-36
Date Filed 2-22-44

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin mo

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.