

FILED APR 7 1944
226

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11559

Registration District No. 226

Primary Registration District No. 4338

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 205 S. Oak St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 69 Years (Specify whether years, months or days)
In this community 69 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Monroe City
(If outside city or town limits, write "RURAL")
(d) Street No. 205 S. Oak St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1944 hour I minute 15P. M.
21. I hereby certify that I attended the deceased from Apr. 17 1942 to Mar. 17 1944

that I last saw him alive on March 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio-renal-vascular Disease 5 Yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13/a

Major findings: Of operations _____

Of autopsy _____

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) _____ (M. D. of injury) _____

23. Signature John P. Hedberg (M. D. of death) _____
Address Monroe City Mo Date signed 3/20

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME James Joseph Elliott

3. (b) If veteran, name war None 3. (c) Social Security No. 490 01 8285

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

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 62 years (Day) 27 (Year) 1872

7. Birth date of deceased November (Month) 27 (Day) 1872 (Year)

8. AGE: Years 69 Months 3 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Ralls County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation "Manager" Elevator Co

11. Industry or business Farmers Elevator Co

12. Name Stephen Benedict Elliott

13. Birthplace Ralls County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Susan Kendrick

15. Birthplace Ralls County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Osceola Scott

(b) Address Monroe City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation Holy Rosary Monroe City

18. (a) Signature of funeral director Wilson & Sons

(b) Address Monroe City, Mo

19. (a) March-20-44 (Date received local registrar) (b) Otis Hedberg (Registrar's signature)

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

MOTHER FATHER

1126

RECEIVED

District Health Officer No, 10

District File Number 4-44-692

Date Filed APR 6 1944

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 By Me

Registered Apprentice No. _____

working under my personal supervision.

Signed L. P. Wilson

Licensed Embalmer No. 3014

P. O. Address Clouse City 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.