

FILED MAY 26 1944
Registration District No. 42

Primary Registration District No. 10010

State File No. _____
Registrar's No. 484

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(c) Name of hospital or institution: WIS. METHU. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days
In this community 13 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Oregon-Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Eunice Mary Elliott

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John P. Elliott 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased October 20 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name William F. Hug has
13. Birthplace Holt County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Angeletta Sipes
15. Birthplace Holt County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. P. Elliott
(b) Address Oregon, Missouri
17. (a) Burial (b) Date thereof May 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director Samuel Pittjoh
(b) Address Oregon Mo
19. (a) 5/15/44 (b) Mrs. Helen L. Pichel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2
year 44 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-20-44
_____, 19____ to 5-2- 19____
that I last saw h. alive on 5-2- 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism
Duration 10 days

Due to Operation
Due to Cholecystitis & Cholelithiasis 10 yrs.

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

Major findings: Cholecystitis
Of operations _____
Of autopsy Chronic hepatitis
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 _____
23. Signature Paul Ferguson (M. D. or other) _____
Address St Joseph Mo Date signed 5-2-44

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 H. Pettigrew
Licensed Embalmer No. *3192*
P. O. Address *Oregon 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.