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ev. 5-17-39  
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21749

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 13 1944

Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
412 Olive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 59 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. 412 Olive  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country - - - 0

3. (a) PRINT FULL NAME John Calvin Elliott

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie Elliott 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased December 6 1862  
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Newark Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name John Elliott

13. Birthplace Unknown Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Oriena Wilson

15. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant John Elliott

(b) Address Route 1, Carthage, Mo.

17. (a) Burial (b) Date thereof June 20, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) June 19 1944 (b) Elizabeth Coplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 44 hour 8 00 minute A M.

21. I hereby certify that I attended the deceased from June 17, 1944, 6-17, 1944  
that I last saw her alive on June 17, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Bronchopneumonia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: 107  
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) (e) Means of injury D

23. Signature Russell Smith (M.D. or other) M.D.  
Address Carthage, Mo. Date signed 6-19-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9-3

1203

(Licensed Embalmer's Statement on Reverse Side)

44-6-536

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**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.....

*Emmal Stuep*

Licensed Embalmer No.....

*391*

P. O. Address.....

*Carthage*

**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.