

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 158

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 St.
(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 62 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 St. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 17

3. (a) PRINT FULL NAME Jessie 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 Elliott

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 16 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>1</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace unknown Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Daniel Gierhart

13. Birthplace unknown Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Abba Green

15. Birthplace unknown Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant John Elliott

(b) Address Roite 1, Carthage, Mo.

17. (a) Burial (b) Date thereof July 12, 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) July 11, 1944 (b) Elizabeth Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1944 hour 6:50 minute _____ P.M.

21. I hereby certify that I attended the deceased from 1941
_____ 19 _____ to June 17 19 44
that I last saw her alive on June 17 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial degeneration 3 yrs

Due to _____

Due to _____

Other conditions: _____

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)

(e) Means of injury _____

23. Signature Russell Smith (M. D. or other) MD

Address Carthage, Mo. Date signed 7-11-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

44-7-616

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..... *Emm L. Snell*
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.