

S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED AUG 31 1945
Registration District No. 301

Primary Registration District No. 6037

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

1. PLACE OF DEATH:

(a) County... Ripley

(b) City or town... Ponder, Mo. rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at home / Union St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Lorene 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 B. J. Elliott

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

7. Birth date of deceased Jan. 21 1904
(Month) (Day) (Year)

8. AGE: Years 41 Months 5 Days 9
If less than one day hr. min.

9. Birthplace Rosebud, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business Housewife

12. Name Water Garner

13. Birthplace Granada Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Hollandsworth

15. Birthplace Granada Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant B. J. Elliott

(b) Address Doniphan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-45
(Month) (Day) (Year)

(c) Place: burial or cremation Ponder, Mo.

18. (a) Signature of funeral director E. B. Johnson

(b) Address Doniphan, Mo.

19. (a) 8-27-45 (Date received local registrar) (b) E. B. Johnson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30, year 1945 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from March 1, 1945 to June 30, 1945 and that death occurred on the date and hour stated above.

that I last saw h..... alive on..... 19.....

Immediate cause of death.....
Pulmonary tuberculosis
Duration unknown

Due to.....

Due to.....

Other conditions.....
(Include pregnancy, within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

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?.....

While at work?..... (Specify type of place)

23. Signature Clifford Spunk (M. D. or other) M.D.

Address Doniphan, Mo. Date signed 7/2/45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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