

FILED SEP 11 1947

State File No.

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 314

1. PLACE OF DEATH:

(a) County: BUTLAR.
(b) City or town: POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: POPLAR BLUFF HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Days (Specify whether
In this community: Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: WAYNE
(c) City or town: WAPPAPELLO R. RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? yes. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: THOMAS BURTON ELLEDGE.

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

4. Sex: Male (Color of race: white) 5. Color of race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Elledge 6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: Nov. 8 1870 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Aug day: 8 1947 year: 47 hour: 8 minute: A M.

21. I hereby certify that I attended the deceased from Aug 16 1947 to Aug 19 1947 that I last saw him alive on Aug 19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis left general arteriosclerosis
Due to: Hypertension and -
Due to: vascular disease

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

Major findings: Of operations: 95
Of autopsy: 95
PHYSICIAN: Underline the cause to which death should be charged statistically.

8. AGE: Years: 77 Months: 9 Days: 11 If less than one day hr. min.

9. Birthplace: Bollinger Co. MO. (City, town, or county) (State or foreign country)

10. Usual occupation: Farming.

11. Industry or business: John Elledge

12. Name: John Elledge

13. Birthplace: Bollinger Co. MO. (City, town, or county) (State or foreign country)

14. Maiden name: Nancy Young

15. Birthplace: not known 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lillian Elledge

(b) Address: Wappapello MO

17. (a) Burial (b) Date thereof: Aug. 21 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Mansker Cemetery

18. (a) Signature of funeral director: Floyd Morgan

(b) Address: Puxico MO

19. (a) 8-30-47 (b) R. M. Nuttall (Date received local registrar) (Registrar's signature)

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: Lillian Elledge M. D. or not
Address: Poplar Bluff MO Date signed: 8/28/47

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

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22

RECEIVED

District Health Office

District File Number *949-11*

Date Filed *1-2-4*

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 *Lloyd S Morgan*

Licensed Embalmer No. *3361*

P. O. Address *Advance 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.