U. S. No. 2
10M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 19 1948

Registration District No. 289

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 13358

Registrar's No. 131

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 Days Hospital (Specify whether
In this community: 8 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Monroe 69
(c) City or town: Monroe City Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 111 East Dauer 0
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Dora May 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: Widowed
6. (b) Name of husband or wife: William D. Elliott
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 8 (Day) 1871 (Year)

8. AGE: Years 76 Months 3 Days 30 If less than one day hr. min.

9. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
12. Name: Henry C. Wilson
13. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Emily Waters
15. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)
(FATHER / MOTHER)
16. (a) Informant: Geo. Elliott
(b) Address: Monroe City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 9 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Holy Rosary, Monroe City
18. (a) Signature of funeral director: Wilson & Sons
(b) Address: Monroe City, Mo.
19. (a) 4-8-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1948 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from Apr 1, 1948, to Apr 7, 1948, that I last saw her alive on Apr 7, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	10 days
Due to: Cerebral Embolism	?
Due to: Lateral sclerosis	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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: (M. D. or other)
Address: Date signed: Apr 7-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Charles V. Greene, Registered Apprentice No. 214, working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.