

1. PLACE OF DEATH:  
(a) County Barry  
(b) City or town Seligman  
(c) Name of hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 57 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Barry  
(c) City or town Seligman  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME SUSAN ELLIOTT  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 5<sup>th</sup> day 25 year 1944 hour 1 minute 0 M.  
21. I hereby certify that I attended the deceased from Jan 1st 1944 to July 24 1944 that I last saw her alive on July 24 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Albert B. Elliott 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased March 6, 1861 (Month) (Day) (Year)

Immediate cause of death Inferiority of age -  
Due to Bedd. Curchaiss of the Liver  
Due to \_\_\_\_\_

8. AGE: Years 83 Months 3 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Marion Halloch

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

14. Maiden name Jeanett Bryson

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

16. (a) Informant Mrs. Alta Mae Cartledge

(b) Address Mt. Vernon, Mo.

17. (a) Burial (b) Date thereof 6-27-44 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (e) Signature of funeral director W. D. Brown

(b) Address Cassville, Mo.

19. (a) July 15-19 44 (b) Grace Williams (Date received local registrar) (Registrar's signature)

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

Major findings: Of operations 124 h! 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 W. D. Brown (M. D. or other) \_\_\_\_\_

Address Seligman, Mo. Date signed 6/25/44

Durition	<u>5</u>
Physician	<u>3</u>
Underline the cause to which death should be charged statistically.	

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

RECEIVED

District Health Officer No. 6  
District File Number 744-855  
Date Filed JUL 25 1944

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

*M. J. Gorman*

Licensed Embalmer No

3453

P. O. Address

*Carrville 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.