

Registration District No. 207

Primary Registration District No. 207

1. PLACE OF DEATH:

(a) County Andrew,
(b) City or town Rural, Rochester, Miss
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 1, Cosby, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 11 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Andrew,
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1, Cosby, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th.
year 1941 hour 3:00 minute 45 a.m.

21. I hereby certify that I attended the deceased from Nov. 24th 1941 to Nov 26th 1941
that I last saw him alive on Nov 25th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to arteriosclerosis

Duration

2 days

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations 43a
Of autopsy ✓

PHYSICIAN

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) (e) Means of injury.....

23. Signature E. M. Reynolds (M. D. or other)
Address Union St. Mo. Date signed 11/26/41

3. (a) PRINT FULL NAME James K. (Doc) Elrod,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Elrod, 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 7th, 1871.
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 19
If less than one day hr. min.

9. Birthplace Unknown, / Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business Farm,

12. Name Samuel Elrod,

13. Birthplace Unknown, / Indiana,
(City, town, or county) (State or foreign country)

14. Maiden name Sarah

15. Birthplace Unknown, / Indiana,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James K. Elrod

(b) Address R.F.D. # 1, Cosby, Mo.

17. (a) Burial (b) Date thereof 11/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel Cemetery

18. (a) Signature of funeral director: Frank A. Bowman,

(b) Address Savannah, Mo.

19. (a) Nov. 28, 1941 (b) Mrs. Verneice A. Fite
(Date received local registrar) (Registrar's signature)

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 11/26/4

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10 St Joseph

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.