. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 63110

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 95

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Excelsior Springs Sanatarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one night (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Excelsior Springs
(If outside city or town limits write "RURAL")

(d) Street No. 601 Excelsior Springs Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Annetta Lil Elston 423

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 Dennie Belt Elston

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July (Month) 28 (Day) 1872 (Year)

8. AGE: Years 67 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Marshall (City, town, or county) Illinois (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name John A. Park
13. Birthplace Marshall (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Lavenia Ann Chadwick
15. Birthplace Terre Haute (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. C. Elston
(b) Address Excelsior Springs Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 40 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Claude Pritchard
(b) Address Excelsior Springs Mo.

19. (a) 2-7-1940 (Date received local registrar) (b) Mrs Ruth McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 6th year 1940 hour 7 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feby 5th 40, 1940 to Feby 6 1940 that I last saw her alive on Feby 5 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 14 hours

Due to Hypertension

Due to Arterial Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John T. Grace (M. D. or other)
Address Excelsior Springs Mo. Date signed 2/7/40

(Licensed Embalmer's Statement on Reverse Side)

ECEIVED
istrict Health Officer No. 8,
Office File Number 3/5/40

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 Robert Ray, Registered Apprentice No. 226 working under my personal supervision.

Signed Claude Prichard

Licensed Embalmer No. 2751

P. O. Address Excelsior Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.