

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 997

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Carthage City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Research Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution four days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Frank E. Elting 4353. (b) If veteran, name war. No 3. (c) Social Security No. No4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if alive 63 years7. Birth date of deceased Sept. 4, 1875
(Month) (Day) (Year)8. AGE: Years 64 Months 6 Days _____ If less than one day _____ hr. _____ min.9. Birthplace Carthage, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Issiah Elting13. Birthplace Walter County, N. Y.
(City, town or county) (State or foreign country)14. Maiden name Charlotte Robinson15. Birthplace Warren County, N. Y.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Stella Elting(b) Address R. 1 Carthage, Mo.17. (a) Burial (b) Date thereof 3-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Carthage, Mo.18. (a) Signature of funeral director W. Knell(b) Address Carthage, Mo.19. (a) 3-4-40 (b) M. M. Groves
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
 (c) City or town Carthage Route #1
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4
year 1940 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from Mar 1, 1940, to Mar. 4, 1940
that I last saw him alive on Mar. 3, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of the rectum

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

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 W.D.23. Signature E. A. Welkman, M. D. (M. D. or other)
Address P. 332 Professional Bldg., P. O. Box Date signed 3-4-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

Rev. 6-17-39
Form 1 x1981

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *J. W. Knell*

Licensed Embalmer No. *814*

P. O. Address *Carthage, 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, above space should be left blank.