

No. 2  
1-10-39  
-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22075**

**FILED JUL 15 1940**  
**439**

Registration District No. 439 Primary Registration District No. 5596 Registrar's No. 42

**1. PLACE OF DEATH:**  
(a) County Knox  
(b) City or town Barling Greenburg (rural)  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME Pearl Kathryn Elliott, 430  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ray Elliott 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased 12 19 1904  
(Month) (Day) (Year)

8. AGE: Years 35 Months 6 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Wenona, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business 0

MOTHER / FATHER { 12. Name Thomas Wells  
18. Birthplace Memphis Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Bertha Phillips  
15. Birthplace Memphis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Elliott  
(b) Address Barling Mo.

17. (a) Burial. (b) Date thereof 6 - 29 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greensburg Mo. 305

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina Missouri

19. (a) June 29 1940 (b) Mrs. C.M. Smith  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Knox  
(c) City or town Barling, Greenburg Twp. (rural)  
(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 June day 27  
year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Came to her death by hanging herself with rope around her neck.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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) Suicide

(b) Date of occurrence June - 27 - 1940

(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? At Home in Barn.  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Keith Hudson (M.D. or other) Coroner  
Address Edina Missouri Date signed 6-29-40

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

District Health Officer No. 10

District File Number 7-40-1374

Date Filed JUL 10 1940

**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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, 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.