FILED JUL 22 1940

No. 2
-10-39
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X21492

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

25601

State File No.

Registration District No. 475 Primary Registration District No. 5639 Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence

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

(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 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Verona
(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.

3. (a) PRINT FULL NAME William H Eller 460

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tillie Eller

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug. (Month) 27 (Day) 1869 (Year)

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

9. Birthplace ? (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Black Smith

11. Industry or business Retired

FATHER
12. Name Joshua Eller
13. Birthplace ? (City, town, or county) Not Known (State or foreign country)

MOTHER
14. Maiden name Anna Morgan
15. Birthplace ? (City, town, or county) Not Known (State or foreign country)

16. (a) Informant W. H. Eller
(b) Address Verona Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 17 (Day) 40 (Year)
(c) Place: burial or cremation Lee Cemetery.

18. (a) Signature of funeral director J. F. King 426
(b) Address Aurora Mo.

19. (a) 5/17/40 (Date received local registrar) (b) A. J. Rudig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month may day 16
year 1940 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from March 28, 1940, to May 15, 1940
that I last saw him alive on May 15, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia from Gangrene of Both Lower Extremities	4/10/40
Due to Arteriosclerosis	Not Known
Due to 43 C	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	2 years

Major findings:
Of operations none
Of autopsy none

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 Dr Kenneth L. Kelsey (M. D. or other) MD
Address 16 E Locust St Aurora, Mo. Date signed 5/16/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 740-2399
Date Filed JUL 22 1940
JUL 22 1940
JUL 22 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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

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

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