

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.

Registration District No. 486

Primary Registration District No. 4293

Registrar's No. 20

1. PLACE OF DEATH:  
(a) County Lincoln  
(b) City or town Elberry  
(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 \_\_\_\_\_ years, months or days) 4 1/2

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Lincoln  
(c) City or town Elberry  
(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 Charles William Talbot  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 30 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 11 28 hr. min.

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

10. Usual occupation \_\_\_\_\_  
11. Industry or business Farmer

12. Name Martin J. Talbot  
13. Birthplace Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Emily  
15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas W Talbot  
(b) Address Elberry  
17. (a) Burial (b) Date thereof July 31 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Star Wake Cem.  
18. (a) Signature of funeral director W. B. Hodley  
(b) Address Elberry Mo  
19. (a) 8-10-40 (b) Otta Powell  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 28  
year 1940 hour 11 minutes 50 A. M.  
21. I hereby certify that I attended the deceased from July 28, 1940  
that I last saw him alive on July 28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death terminal pneumonia  
Due to Cardio-vascular disease  
Due to Accident a/c

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? Yes  
While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. J. Deering (M. D. or other) \_\_\_\_\_  
Address Elberry, Mo. Date signed 7-30-40

**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.....

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

Signed..... *W. H. Bradley*

Licensed Embalmer No. *3966*

P. O. Address..... *Edokey 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.**