

Registration District No. 309

Primary Registration District No. 57434

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Genvey

(b) City or town Tara Howard Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community 52 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Genvey

(c) City or town Tara
(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 Cordelia Clementine Elliott

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 5. Color or race Wht

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

6. (b) Name of husband or wife W. B. Elliott

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

7. Birth date of deceased 9 9 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 29

If less than one day _____ hr. _____ min.

9. Birthplace North County Mo. D.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Ralph 9

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Catherine Walker Ralph

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Ma Laura Tolson

(b) Address Albany Mo. 646

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 9 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Louisa Cemetery

18. (a) Signature of funeral director J. Evans Johnson

(b) Address St. Bernards Pk.

19. (a) Sept. 16 1940 (b) W. J. Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8
year 1940 hour 5:30 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 15
1940 to Sept 8 1940
that I last saw her alive on Aug 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Valvular heart failure
Due to frayed valves

Due to hardened arteries due to age

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? _____

281
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. P. ... (M. D. or other) _____
Date signed Sept 9 1940

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

8

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. Evan Johnson*.....

Licensed Embalmer No. *3490*.....

P. O. Address.....

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.