

NOV 21 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36213
Do not use this space.

1. PLACE OF DEATH

(a) County Ripley Registration District No. 7990
 (b) Township Shoshone Primary Registration District No. 757
 (c) City London (Miss) (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S. if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 715 Raynor Mrs. R. Cecil (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
— 5 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. child at home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Ripley Mo

FATHER 13. NAME Ivar R. Elliott

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Utman

MOTHER 15. MAIDEN NAME Opal McConaughy

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Supply

17. INFORMANT (ADDRESS) Ivan R. Elliott
only info.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's Cern DATE Sept 22, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) none reported

20. FILED 7/23 1940 W. Cecil Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1940

22. I HEREBY CERTIFY, THAT I attended deceased from Sept 16 1940 to Sept 22 1940
 I last saw him alive on Sept 21 1940 Death is said to have occurred on the date stated above, at 7:30 a. m.
 The principal cause of death and related causes of importance were as follows:

myocardium
158
 Other contributory causes of importance: _____

Date of onset duodenal ulcer
4 yrs

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. Cecil M. D.
 (Address) Raynor Mrs. R. Cecil

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.

RECEIVED

District Health Officer No. 5,

District File Number 11401118

Date Filed _____

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.....

Licensed Embalmer No.....

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.