

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38770
Registrar's No. 75

Registration District No. 334

Primary Registration District No. 4197

1. PLACE OF DEATH:

(a) County Harrison Co.
(b) City or town Beaufort
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wood Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME Sadie Elliott

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stephen Elliott 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8-12-1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 29 If less than one day ✓ hr. ✓ min.

9. Birthplace Harrison Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Gen Farmer

12. Name John D. Hart

13. Birthplace Harrison Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Banta

15. Birthplace Harrison Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John D. Hart

(b) Address Beaufort Mo

17. (a) Nov. 13-40. (b) Date thereof Nov. 13-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Masonic Cem. Eagleville Mo

18. (a) Signature of funeral director S. Williams

(b) Address Beaufort Mo

19. (a) 11-15-40 (b) A.L. Wehling
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Eagleville Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. North East of Eagleville Mo.
0 (If rural give location)
(e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1940 hour 8 minute AM M.

21. I hereby certify that I attended the deceased from Aug 13, 1940
to Nov 11, 1940
that I last saw her alive on Nov 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the uterus
Duration _____

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) _____
(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? _____

23. Signature Brayton L. Hodges (Specify type of place) 305
While at work? _____ (e) Means of injury _____
Address Beaufort Mo Date signed 11-15-40

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

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 very important.

DEC 1 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.....

S. W. Haas

Licensed Embalmer No. *1078*

P. O. Address.....

Bethany 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.