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. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39974

Registration District No. 852 Primary Registration District No. 6124 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Pollock
(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 years, months or days)
In this community 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan
(c) City or town Pollock
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lavaughn Elliott
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 27 (Day) 1940 (Year)
8. AGE: Years 0 Months 0 Days 0 If less than one day 21 hr. min.
9. Birthplace Pollock (City, town, or county) Mo (State or foreign country)
10. Usual occupation 0
11. Industry or business 0
MOTHER FATHER
12. Name William F Elliott
13. Birthplace Trenton (City, town, or county) Mo (State or foreign country)
14. Maiden name Bernadine Tucker
15. Birthplace Pollock (City, town, or county) Mo (State or foreign country)
16. (a) Informant William F. Elliott
(b) Address Pollock, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Baptist cemetery
18. (a) Signature of funeral director Schoeneg
(b) Address Milan, Mo.
19. (a) Dec. 8, 1940 (Date received local registrar) (b) Leo Hagan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28 year 1940 hour 8 minute 00 a.m.
21. I hereby certify that I attended the deceased from Nov. 27, 1940 to Nov. 28, 1940 that I last saw him alive on Nov. 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth and atelectasis. — 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. C. Roberts, (M. D. or other) Address Pollock, Mo. Date signed 11/29/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-40-8291
Date Filed DEC 13 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 Not Embalmed, Registered Apprentice No. working under my personal supervision.

Signed Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, Me

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

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