

MO FEB 17 1941

DEPARTMENT OF COMMERCE
- BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3325**

Registration District No. **1149**

Primary Registration District No. **5698**

Registrar's No. **13**

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

1. PLACE OF DEATH:

(a) County **McDonald**
(b) City or town **Pineville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **McDonald**
(c) City or town **Pineville**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **Native** 0 years.

3. (a) PRINT FULL NAME **WILLIS ELLIFF**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **APRIL 12 1890**
(Month) (Day) (Year)

8. AGE: Years **50** Months **8** Days **24** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Mrs E. Elliff**
13. Birthplace **Tenn**
(City, town, or county) (State or foreign country)
14. Maiden name **Lucy Davis**
15. Birthplace **MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Rebecca Elliff**
(b) Address **Pineville Mo**

17. (a) **Burial** (b) Date thereof **1-10-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Pineville**

18. (a) Signature of funeral director **L. D. Carnel**
(b) Address **Pineville Mo**

19. (a) **1-10-41** (b) **L. D. Carnel**
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **8**
year **1941** hour **6** minute _____ M.

21. I hereby certify that I attended the deceased from **Jan 1**, 1941, to **Jan 7**, 1941;
that I last saw him alive on **Jan 7**, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death **Pneumonia**

Due to **Pneumonia**
Due to **12 1/2**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? **46'**

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

23. Signature **L. B. Spence** (M. D. or other) **D**
Address **Salisbury Springs** Date signed **1-14-41**

PHYSICIAN
Duration
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District No. 141-249

Date Filed FEB 8 1949

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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 Lee A. Carnie

Licensed Embalmer No. 2740

P. O. Address Jennett

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33267

Registration District No. 1149

Primary Registration District No. 3698

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Mc Donald
(b) City or town Pineville T. P.
(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)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Willis Elliff
(b) If veteran, _____ Social Security
name war _____ No. _____

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years Months Days If less than one day
50 8 26 _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-10-41 (b) Lee O. Carneal
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month 1 day 8
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

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

23. Signature G. B. Schrago (M. D. or other) _____

Address Sulphur Springs Ark. Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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11/10/41

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