

**FILED MAR 19 1941**

Registration District No. 726

Primary Registration District No. 5957

1. PLACE OF DEATH:

(a) County Ralls  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Louanna Elloit

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 Widowed  
6. (b) Name of husband or wife John James Elloit 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased JUNE 24 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name WILLIAM H. H. EPPERSON  
18. Birthplace RALLS Co MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name SUSAN SINCLAIR  
15. Birthplace RALLS Co. MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Epperson  
(b) Address Frankford, Mo  
17. (a) Burial (b) Date thereof Feb. 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New London, Mo.

18. (a) Signature of funeral director Felds & Son  
(b) Address Frankford, Mo.

19. (a) Feb-13-1941 (b) Blanche McEvans  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87  
(c) City or town Rural \_\_\_\_\_  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11  
year 1941 hour 9 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb.  
9, 1941, to Feb. 9, 1941  
that I last saw her alive on Feb. 8, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza 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?  
653 \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Blanche McEvans (M. D. or other) 0  
Address Frankford, Mo. Date signed 2/13/41

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-488

Date Filed MAR 8 1941

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

*Jane Fields Mequon*

Licensed Embalmer No.

*4093*

P. O. Address

*Hanford 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.