No. 2
13-40
17-39
X23159

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

FILED AUG 1 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25981

Registration District No. 75B-2 Primary Registration District No. 2993 Registrar's No. 1762

1. PLACE OF DEATH:
(a) County: Ripley
(b) City or town: Pine Union Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home (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) life

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo (b) County: Ripley
(c) City or town: Union Twp, (If outside city or town limits, write "RURAL")
(d) Street No.: at home — Rural — (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME: MINA MYRTLE Elliott
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: F.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Frank Elliott
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: March (Month) 31 (Day) 1899 (Year)
8. AGE: Years 42 Months 3 Days 1 If less than one day ✓ hr. ✓ min.
9. Birthplace: Ripley Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Emanuel Nowonger
13. Birthplace: (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Clark
15. Birthplace: (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Frank Elliott
(b) Address: Ponder, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-41. (Month) (Day) (Year)
(c) Place: burial or cremation: Ponder Cemetery
18. (a) Signature of funeral director: E. G. Jordan
(b) Address: Doniphan, Mo.
19. (a) 7-3-41 (Date received local registrar) (b) E. H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1, year 1941 hour 2:00 minute P. M.
21. I hereby certify that I attended the deceased from 6/1/41, 19..., to 7/1/41, 19...; that I last saw her alive on 6/30/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Labor Pneumonia	2 wks
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Carcinoma of Uterus.	

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: Clifford Jordan (M. D. or other) M.D.
Address: Doniphan, Mo. Date signed 7-2-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 7411769
Date Filed

No. 5,

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 C. E. Jordan

Licensed Embalmer No. 3200

P. O. Address Doniphan, Mo.

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

If this body is not embalmed, fact should be so stated above.

No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25981

Registration District No. 752 Primary Registration District No. 5993 Registrar's No. 1762

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Union Twp
(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. 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

3. (a) PRINT FULL NAME Mina M. Elliott

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

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 min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 9-20-41 (Date received by local registrar) (b) G. G. Sprague (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1941 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	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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY