

JAN 6 1942

Registration District No. 24

Primary Registration District No. 5033

Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town R. P. D. #4, Mexico - Prairie 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: Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Mexico - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. #4 Prairie Township  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Laura Elizabeth Elliott

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MS

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. April 5, 1935  
(Month) (Day) (Year)

8. AGE: Years 6 Months 8 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Student

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

12. Name Coleman Elliott

13. Birthplace Audrain County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Buelah Crawford

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

16. (a) Informant Wm. C. Elliott

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 12/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director Chris Anderson

(b) Address Mexico, Missouri

19. (a) 12-10-41 (b) W.K. McCall  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th  
year 1941 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 27, 1941 to Dec 9, 1941  
that I last saw her alive on Dec 9, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic lobar pneumonia Duration 24 hrs

Due to Congenital heart disease, mitral and aortic regurgitation.

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? \_\_\_\_\_

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

23. Signature W.K. McCall (M. D. or other) D  
Address Ladonia Mo. Date signed 12-10-41

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

MOTHER FATHER

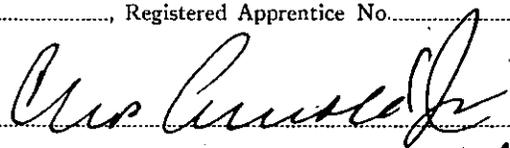
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 3564

P. O. Address Mexico 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, fact should be so stated above.**