

No. 2
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-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 41890

Registrar's No. 992

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
938 W. LYNN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **14 yr.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **938 W. Lynn** (If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **DR. VAN V. ELTING**
3. (b) If veteran, **NONE** name war
3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **EULA M. ELTING**
6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **Feb 13- 1888** (Month) (Day) (Year)

8. AGE: Years **1 53** Months **10** Days **8** If less than one day hr. min.

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

10. Usual occupation **Optometrist**

11. Industry or business **Optometry**

12. Name **Edwin V. Elting**

13. Birthplace **Unknown New York** (City, town, or county) (State or foreign country)

14. Maiden name **Jennie Dunlop**

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

16. (a) Informant **Mrs. Eula M. Elting**

(b) Address **Springfield, Mo.**

17. (a) **Burial** Date thereof **Dec. 23-1941** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **C. W. Stinger**

(b) Address **Springfield, Mo.**

19. (a) **12-23-41** (Date received local registrar)
(b) **W. E. Handley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Dec** day **21** year **1941** hour **1** minute **30 P** M.
21. I hereby certify that I attended the deceased from **12/11** to **12/21** 19**41** that I last saw him alive on **12/21** 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebro-Renal vascular** Duration **21 Days**
Brain

Due to _____

Due to _____

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

Major findings: **1310** Of operations _____

Of autopsy _____

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 **0**

Signature **C. W. Stinger** (M. D. or other) **MD**

Address **Springfield Mo** Date signed **12/24/41**

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

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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. 407

P. O. Address.....

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.

X