

Registration District No. 801

Primary Registration District No. LO44

Registrar's No. 54

1. PLACE OF DEATH:  
(a) County Saline  
(b) City or town Sweet Springs Salt Pond  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  (Specify whether)  
In this community 21 years (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME GEORGE WASHINGTON ELSEA  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NU

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sadie Amanda Elsea  
6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased: April 7th 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>1</u>	<input checked="" type="checkbox"/> hr. <u>—</u> min.

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

10. Usual occupation Farmer  
11. Industry or business Retired

MOTHER FATHER  
12. Name Grace Newton Elsea  
13. Birthplace Saline County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Fulkerson  
15. Birthplace Not known Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Leslie Elsea  
(b) Address 8917 Ballard Lane, St. Louis

17. (a) Burial (b) Date thereof: October 9, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Jessetharvey  
(b) Address Sweet Springs, Mo

19. (a) 10/9/41 (b) R. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Saline  
(c) City or town Sweet Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1 (If rural, give location)  
(e) If foreign born, how long in U. S. A? Life years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 8  
year 41 hour 12:30 minute — M.

21. I hereby certify that I attended the deceased from 10-6-41  
to 10-7-41  
that I last saw him alive on 10-7-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 83a1  
Due to

Other conditions Hypertensive pneumonia 2 days  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
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?

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

23. Signature Chas R. Brown (M. D. or other) M.D.  
Address Sweet Springs Mo Date signed 10-8-41

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

7007

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-2-42

**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 \_\_\_\_\_

*Jesse Hawley*

Licensed Embalmer No. 2214

P. O. Address Sweet Springs 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.