

Registration District No. 553

Primary Registration District No. 5746

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural
(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 87 years
In this community 87 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer
(c) City or town (Rural) Mercer
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Louis Wilton Elsey

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ellen Elsey 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 30 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days II If less than one day hr. _____ min.

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

10. Usual occupation Farmer Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Virg.
14. Maiden name Unknown
15. Birthplace Virg.

16. (a) Informant John H. Elsey (b) Address Mercer Mo.

17. (a) Burial (b) Date thereof 4/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middle Point Cemetery

18. (a) Signature of funeral director O. C. Grunklee

(b) Address Lineville Iowa

19. (a) 4-10-43 (b) Jessie Alley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4/5-43 to 4/8-43
that I last saw him alive on 4/8/43 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to myocarditis
Due to mitral insufficiency
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy none

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? _____
(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 J. M. Perley (M. D. or other) MD
Address Jefferson Ave Date signed 4/8-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

James L. Greenlee

Licensed Embalmer No.

3967

P. O. Address

Merced 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.