

No. 2
1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22109**

Registration District No. **750**

Primary Registration District No. **5993**

Registrar's No. **1816**

1. PLACE OF DEATH:

(a) County **Ripley**
(b) City or town **Ponder, mo**
(c) Name of hospital or institution **1 First St**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 years** (Specify whether years, months or days)
In this community **15 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ripley**
(c) City or town **Prisal**
(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 **WILLIAM RELLIEGH ELLIOTT**

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

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **X 9**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Jan 30 1873**
(Month) (Day) (Year)

8. AGE: Years **69** Months **2** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **ILLINOIS** (City, town, or county) (State or foreign country) **1**

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Elliott**
13. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**
14. Maiden name **unknown**
15. Birthplace _____ (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Lucie Ry singer**

(b) Address **Ponder MO**

17. (a) **At Ponder, Mo** (b) Date thereof **4-6-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Day Fork Cemetery**

18. (a) Signature of funeral director **Family**

(b) Address **Ponder Mo**

19. (a) **46/42** (b) **E. Johnston**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5**
year **42** hour **8:30 pm** minute _____ M.

21. I hereby certify that I attended the deceased from **4-1-42** to **4-5-42**
that I last saw him alive on **4-3-42** and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **1 wk.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **108**

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 **Clifford Johnston** (M. D. or other) _____

Address _____ Date signed _____

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

RECEIVED

District Health Officer No. 5,
District File Number 5-42888
Date Filed 7-21-49

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.....

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.