

No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25081

State File No.

FILED AUG 10 1942 93

Primary Registration District No. 4436

Registrar's No. 293

87
1
0

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

1. PLACE OF DEATH:

(a) County Balls
(b) City or town New London
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Balls 87
(c) City or town New London 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Elliott
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13 year 1942 hour 3 minute 30 P. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married divorced, widowed
6. (b) Name of husband or wife Joseph W. Elliott 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 28 1976
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10 to July 13 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 6 Days 15 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 83a

10. Usual occupation housewife

Major findings: Of operations Of autopsy

MOTHER FATHER { 11. Industry or business _____
12. Name Stephen Newlan
13. Birthplace Balls county, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Rada Harsalk
15. Birthplace Balls county, Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant J. C. Elliott
(b) Address 4914 N. Kansas

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof July 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Cemetery

(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? _____

18. (a) Signature of funeral director Ray O. Schwarz
(b) Address 1000 Olive, New London, Mo.

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

19. (a) 8-2-42 (b) R. B. Borking
(Date received local registrar) (Registrar's signature)

23. Signature H. J. Waters (M. D. or other) _____
Address New London Mo Date signed 7/15/42

RECEIVED

District Health Officer No. 10

District File Number 8-42-1513-

Date Filed AUG - 7 1942

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 Ray P. Schwartz

Licensed Embalmer No. 1763

P. O. Address 1570 Bldg. Hannibal

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.