

FILED OCT 8 1942  
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 165

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

1. PLACE OF DEATH: *Randolph*  
 (a) County \_\_\_\_\_  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution \_\_\_\_\_  
*1499 Woodland ave*  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
*one day*  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED: 70  
 (a) State *Missouri* (b) County *Montgomery*  
 (c) City or town *Montgomery City*  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: *SUSAN MARGARET ELKINS*  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. *none*

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month *Sept* day *7<sup>th</sup>*  
 year *1942* hour *3* minutes *45 P.M.*

4. Sex *Female* 5. Color or race *white*  
 6. (a) Single, widowed, married, divorced *Widowed*  
 (b) Name of husband or wife *Elder Elkins*  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased *Dec-31-1861*  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Sept 7 1942* to *Sept 7 1942*  
 that I last saw her alive on *Sept 7 1942*  
 and that death occurred on the date and hour stated above.

8. AGE: Years *80* Months *8* Days *7*  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death *Angina Pectoris Major*  
 Due to *Hypertension*  
 Due to *Chronic Nephritis*

9. Birthplace *Clay Co. Mo.*  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation *House wife (Retired)*

Other conditions (Include pregnancy within 3 months of death)  
 \_\_\_\_\_

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name *Noah H. Fillers*  
 13. Birthplace *Kentucky*  
 (City, town, or county) (State or foreign country)  
 14. Maiden name *Mary C. Hawkins*  
 15. Birthplace *Clay Co. Mo.*  
 (City, town, or county) (State or foreign country)

Major findings: *121R*  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant *Mrs. Russell Dudley*  
 (b) Address *Montgomery City, Mo.*  
 17. (a) *Removal* (b) Date thereof *Sept 7-42*  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation *Montgomery City*  
 18. (a) Signature of funeral director *not funeral home*  
 (b) Address *Mo.*  
 19. (a) *Sept 7-42* (b) *Irma Nave*  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence *Sept 7-42*  
 (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 *J. Hammond* (M. D. or other)  
 Address *Mo.* Date signed *9-7-42*

RECEIVED

District Health Officer No. 10

District File Number 103-42-1842

Date Filed \_\_\_\_\_

**OCT - 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 me 24 72  
day of Sept 1942, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 1489

P. O. Address Montgomery City, 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, fact should be so stated above.**