

FILED NOV 13 1942

Registration District No. 293

Primary Registration District No. 6004

Registrar's No. 2/3

1. PLACE OF DEATH:

(a) County R. lls

(b) City or town New London ~~town~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence R.R. 2 New London Missouri/
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe ~~Ralls~~ 87

(c) City or town New London
(If outside city or town limits, write "RURAL")

(d) Street No. R.R 2
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Anna Mae Elledge

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1942 hour 2 minute 15 A. M.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife John Francis Elledge 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased September 26, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1938 to 10-16 1942
that I last saw him alive on 10-6-42 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease Duration
Anterior infarct

8. AGE: Years Months Days If less than one day

74 - 20 hr. min.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 9/40

9. Birthplace Barry Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations.....

Of autopsy.....

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

11. Industry or business.....

12. Name William J. Hull

13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant George F. Elledge

(b) Address R R 2 New London Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... 20

(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?.....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/42
(Month) (Day) (Year)

(c) Place: burial or cremation: Antioch

18. (a) Signature of funeral director W. M. Smith

(b) Address 902 Broadway Hannibal

19. (a) 10-19-42 (Date received local registrar) (b) RSP Berking (Registrar's signature)

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature J. H. Hurd (M. D. or other) MD

Address Hannibal MO Date signed 10-17-42

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

Dr. J. H. Hurd

87
00

87

0

0

42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

10-17-42

RECEIVED

District Health Officer No. 10

District File Number 11-42-2042

Date Filed NOV 9 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 Wm M. Smith

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.