. S. No. 2
—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37371
State File No.

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 58

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Second Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: All Life

2. USUAL RESIDENCE OF DECEASED: 51 1 0
(a) State: Mo. (b) County: Johnson
(c) City or town: Holden
(If outside city or town limits write "RURAL")
(d) Street No.: Second Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Eldred L. Elliston
3. (b) If veteran, name war: None
3. (c) Social Security No. 494-16-2493
4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: None years
7. Birth date of deceased: May (Month) 24 (Day) 1883 (Year)

8. AGE: Years 60 Months 5 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace: Johnson (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Painter & Paper Hanger
11. Industry or business: Painter & Paper Hanger

MOTHER FATHER
12. Name: William B. Elliston
13. Birthplace: Ky. / (City, town, or county) (State or foreign country)
14. Maiden name: Louvenia Ferguson
15. Birthplace: Johnson (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant: Billie Williams
(b) Address: 201 W 38th Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/ 20/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Holden Cemetery
18. (a) Signature of funeral director: John H. Murray
(b) Address: Holden, Mo.
19. (a) Nov. 20, 1942 (Date received local registrar) (b) Mrs Frank Morrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1942 hour 6:30 minute P M.
21. I hereby certify that I attended the deceased from June 4, 1938, to Nov 18, 1942, that I last saw him alive on Nov 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to:	
Due to: Bronchial Asthma	
Other conditions (Include pregnancy within 3 months of death): Chronic Nephritis	

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

23. Signature: Kelly Rawlins (M. D. or other)
Address: Holden Mo. Date signed 11/27/42

1602 (Licensed Embalmer's Statement on Reverse Side)

...VED
...rict Health Officer No. 8,
...strict File Number
...ate Filed 12-11-42

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

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Holden, 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.