

Registration District No. 274 Primary Registration District No. 3052

1. PLACE OF DEATH: Pettis

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution: Bothwell Hospital

(d) Length of stay: In hospital or institution 17 months

In this community 61 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Pettis MO. 80

(a) State Mo. (b) County Pettis

(c) City or town Beaman Route 1

(d) Street No. Beaman route 1

(e) Citizen of foreign country? (Yes or No) /

3. (a) PRINT FULL NAME Newton Payne Elmore

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Mary Elmore 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 4 1859 (Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Warsaw Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business County Judge

12. Name Oliver Elmore

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

14. Maiden name Sallie Payne

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

16. (a) Informant Mrs. J. E. Mitchell

(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof April 7 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 4/5/43 Mrs. Anna Berger (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5 1943 year 12 40- minute P.M.

21. I hereby certify that I attended the deceased from Jan 1941 19 to Apr 5 1943 that I last saw him alive on Apr 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: cancer of prostate

Due to

Due to

Other conditions: Scurvy (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) (c) Means of injury

23. Signature J. E. Mitchell (M. D. or other) 110

Address Sedalia Mo. Date signed Apr 5 1943

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

50
66
4

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-10-43

APR 12 1943

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 Robert H. Reed

Licensed Embalmer No. 37457

P. O. Address Sedalia 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.