

Registration District No. **361**

Primary Registration District No. **6228**

Registrar's No. _____

1. PLACE OF DEATH

(a) County **Vernon**
(b) City or town **Stotsburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Henry Jones**
(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

3. (a) **Blair Elliott**
FULL NAME

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

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **D.**

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

7. Birth date of deceased **Feb 14 1943**
(Month) (Day) (Year)

8. AGE: Years _____ Months **1** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Stotsburg, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Mitchell Elliott**

13. Birthplace **Nevada, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Link**

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

16. (a) Informant **Blair Mitchell Elliott**

(b) Address **Stotsburg, Mo.**

17. (a) **Burial** (b) Date thereof **2-15-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moore Cemetery**

18. (a) Signature of funeral director **Henry Jones**

(b) Address **Nevada, Mo.**

19. (a) **Feb 23, 1943** (b) **W. R. Charles**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Vernon**
(c) City or town **Stotsburg, Mo. 108**
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **15**
year **1943** hour **4:10** minute **9** M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Unknown**

Due to: **(No physician could be secured at time of death)**

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

Major findings: **2000**
Of operations _____
Of autopsy _____

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? _____

23. Signature **B. Braxton Davis** (M. D. or other) **Coroner**
Address _____ Date signed **2-16-43**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 71
District File Number 2-43-23
Date Filed 3-4-43

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 M E Ferry
Licensed Embalmer No. 1432
P. O. Address Nevada 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.