

FILED JUN 14 1943
Registration District No. 5001

Primary Registration District No. 6032

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

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan, 6 miles north
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at home - Rural 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley

(c) City or town Doniphan, 6 miles north
(If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD H. ELZY

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 Sarah Steele 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept, 8, 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Moultrie Co, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer

12. Name Elzy

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

14. Maiden name unknown

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

16. (a) Informant Dorothy Engelken (daughter)

(b) Address Doniphan, Mo.

17. (a) Burial (b) Date thereof 6-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove (Local)

18. (a) Signature of funeral director J. E. Jordan

(b) Address Doniphan, Mo.

19. (a) 6-24-43 (b) E. O. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1
year 1943, hour 3:30 minute 0, P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on 5-26 _____ 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to Lobar Pneumonia 5 days
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. O. Johnston (M. D. or other) Mo.
Address Doniphan, Mo. Date signed 6/2/43

Duration
Physician
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5

District File Number 649377

Date Filed 6-12-42

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

H. Jordan

Licensed Embalmer No. 3200

P. O. Address Doniphan 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.