

FILED AUG 1 1943

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 211

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: A. S. O. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Knox

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

(d) Street No. RR # 4
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Noma Edith Eley

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 25 43
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Adolph Clayton Eley

13. Birthplace Knox Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Louise Francis Sullivan

15. Birthplace Adair Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eley - Mother

(b) Address Edina, Mo.

17. (a) Removal (b) Date thereof 7/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edina Mo.

18. (a) Signature of funeral director Arthur Hudson

(b) Address Edina Mo

19. (a) 7/31/43 (b) Mrs L. W. Wayman
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1943 hour 9:00 minute P M.

21. I hereby certify that I attended the deceased from July 25 to July 31, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Inanition

Due to Congenital malformation of esophagus

Other conditions: 15
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Shirley Denny (M. D. or other) _____

Address Kirkville Mo Date signed 7/31/43

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

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RECEIVED

District Health Officer No. 10

District File Number 8343-1290

Date Filed AUG 10 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.....

Licensed Embalmer No.....

P. O. Address.....

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.