

FILED SEP 25 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 243

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Six weeks
In this community Three Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Otto Eugene Elliott

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

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

6. (b) Name of husband or wife Bertha Schoenborn 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased October 24 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 10 7 _____ hr. _____ min.

9. Birthplace Novelty Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Keller Elliott

12. Name Novelty, Missouri

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

14. Maiden name Plevna, Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Palmyra, Missouri
(b) Address Burial

17. (a) (Burial, cremation, or removal) Greenwood Cem. Palmyra (b) Date thereof 9/3/43
(Month) (Day) (Year)

18. (a) Signature of funeral director Lewis Brown
(b) Address Palmyra Mo.

19. (a) 9-4-43 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1943 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from June 1943 to Aug 30 1943
that I last saw him alive on Aug 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Seizure of brain
resulting from stroke
Due to _____

Other conditions Cerebral
(Includes pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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 [Signature] (M. D. or other) _____
Date signed 9/3/43

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

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

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.