

LED OCT 9 1943
Registration District No. 2160

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Neveda
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1108 East Allison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Neveda, Mo 10/8
(If outside city or town limits, write "RURAL")
(d) Street No. 1108 E. Allison 1/2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LICE, ELIZABETH ELLIOTT

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

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, deceased

7. Birth date of deceased. June 1 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 3 21 hr. min.

9. Birthplace Hickory Ark
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

12. Name Not Known

13. Birthplace Henry Co Ark
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Berger

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant W A Rountree

(b) Address Neveda 910

17. (a) Burial (b) Date thereof 9-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Fernandus Home

(b) Address Neveda Mo

19. (a) 9-25-43 (b) Agel B. Bourke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21
year 1943 hour 9 minute 40 P M.

21. I hereby certify that I attended the deceased from July 8 to Sept 21 1943
that I last saw her alive on Sept 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Due to Hypertensive Cardiovascular disease 3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93 d

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 Wm Keller MD Date signed 9/24/43
Address Neveda Mo

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 9-43-1015

Date Filed 10-8-43

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Mike 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.