

FILED MAR 10 1944 96

Primary Registration District No. 5347

Registrar's No.

1. PLACE OF DEATH:
 (a) County Dallas
 (b) City or town Buffalo (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bonterra Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 30
 (c) City or town Buffalo Rural
 (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 _____

3. (a) PRINT FULL NAME JESSE A ELSON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 21 year 44 hour 5 minute 30 P.M.

4. Sex male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Effie 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Oct-9-1873
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 17 1944 to Feb 21 1944 that I last saw him alive on Feb 21 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 4 Days 12 If less than one day hr. _____ min. _____

Immediate cause of death Branchio-Pneumonia
 Duration 6 hrs

9. Birthplace: Wayne Co Iowa
 (City, town, or county) (State or foreign country)

Due to Autelio Sclerosis ?
 Due to _____

10. Usual occupation Retired Businessman

Other conditions (Include pregnancy within 3 months of death) 107

MOTHER FATHER
 11. Industry or business _____
 12. Name Nicola Elson
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Effie Elson
 (b) Address 13 Buffalo Mo
 17. (a) Burial (b) Date thereof Feb 23-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Lawn

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? _____

18. (a) Signature of funeral director L. B. Jones
 (b) Address 13 Buffalo Mo
 19. (a) 3-3-1944 (b) L. B. Jones
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury WV
 23. Signature B. H. Jones (M. D. or other) WV
 Address 13 Buffalo Mo Date signed 3-3-44

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

30
0
1

RECEIVED

District Health Officer No. 7,

Series File Number 2-44-297

Date Filed 3-9-44

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 *Leonard Jones*

Licensed Embalmer No. 2508

P. O. Address. *Buffalo 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.