DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 10280

FILED APR 12 1944

Registration District No. 12 1944

Primary Registration District No. 3002

Registrar's No. 38

**1. PLACE OF DEATH:**

(a) County: Audrain

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

(c) Name of hospital or institution: 115 W. Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo. (b) County: Audrain

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

(d) Street No.: 115 W. Blvd
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Bobette Ann Elliott

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: Feb. 19, 1944 (Month) (Day) (Year)

8. AGE: Years —; Months —; Days 25; If less than one day ____ hr. ____ min.

9. Birthplace: Mexico, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Baby

11. Industry or business: ____

MOTHER FATHER

12. Name: Alfred Elliott, Jr.

13. Birthplace: Mexico, Mo. (City, town, or county) 0 (State or foreign country)

14. Maiden name: Dorothy ~~Elliott~~ Bradley

15. Birthplace: Audrain County, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Alfred Elliott, Jr.

(b) Address: Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood

18. (a) Signature of funeral director: Chas Arnold Jr

(b) Address: Mexico, Mo.

19. (a) 3/15/44 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 3 day 15th year 1944 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 3-13, 1944, to 3-15, 1944; that I last saw h. a. alive on 3-13, 1944; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Congenital Debility | |
| Congenital Heart Disease | |
| Due to: | |
| Due to: — | |
| Other conditions: — (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: — | |
| Of autopsy: — | |

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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? (Specify type of place)

While at work? — (e) Means of injury: ____

23. Signature: Harry F O'Brien (M. D. or other)

Address: Mexico, Mo. Date signed 3-15-44

1074

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 4-44-813
Date Filed APR 11 1944

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 [signature]

Licensed Embalmer No. 3569

P. O. Address Mexico, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**