

FILED APR 13 1944  
33

Registration District No. \_\_\_\_\_

Primary Registration District No. **5198**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **Carroll**  
(b) City or town **Rural, Trotter Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Ida Florence Elliott**

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

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

6. (b) Name of husband or wife **J. S. Elliott** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **May 12 1871**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **9** Days **29** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Spencer Ind.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **Gas. Henderson**

13. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Mills**

15. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ollie Elliott**

(b) Address **Carrollton Mo.**

17. (a) **Burial** (b) Date thereof **3-12-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem**

18. (a) Signature of funeral director **Stanley**

(b) Address **Carrollton Mo.**

19. (a) **3-11-44** (b) **Miss Jennie Ruffley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Carroll**  
(c) City or town **"Rural" Trotter Twp.**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **10<sup>th</sup>**  
year **1944** hour **1** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **April 25<sup>th</sup>** 1944 to **March 10** 1944  
that I last saw her alive on **March 10** 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of the Lymphatic System including the Bronchial Lymph nodes**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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 **P. W. Cowherd** (M. D. or other) **D.O.**  
Address **Carrollton Mo.** Date signed **3-11-44**

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

17  
00

105

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-12-47

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 Bert W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.