S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12430

State File No.

Registration District No. 370 Primary Registration District No. 6255 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

(c) City or town Wappapello Mo (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 Freddie A. Elledge,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Sing

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 20 (Day) 43 (Year)

8. AGE: Years Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Milford Elledge
13. Birthplace Advance Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nettie Chamberlin
15. Birthplace Butler County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Milford Elledge,

(b) Address Wappapello Missouri,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 18 (Day) 44 (Year)

(c) Place: burial or cremation Ham Town Cemetary

18. (a) Signature of funeral director Watkins Service

(b) Address Puxico Missouri.

19. (a) Feby 29 1944 (Date received local registrar) (b) Inez Bennett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17 year 1944 hour 1 minute 10 p.M.

21. I hereby certify that I attended the deceased ~~from~~ only 2-17-1944 10 a.m., 1944, to , 19 ; that I last saw him alive on 2-17 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Circulatory collapse +	
Due to toxicity	
Due to Gastro-enteritis + Grippe	unknown unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 A. M. Wiley (~~M.D.~~ or other) D.O.

Address Puxico Missouri Date signed 2-18-44

1222 (Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, 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.