

FILED JUL 15 1944

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

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Ran city**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St Mary Hospital**  
(If not in hospital or institution, write street number, location)  
(d) Length of stay: In hospital or institution **few min**  
(Specify whether  
In this community **15 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Ran city**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3025 Woodland**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Helen Elliott**

3. (b) If veteran, name war

**no.**

3. (c) Social Security No.

**491-20-4834**

4. Sex **fe**

5. Color or race **w**

6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **unknown**

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

7. Birth date of deceased **July 6, 1900**  
(Month) (Day) (Year)

8. AGE: **43** Years **11** Months **24** Days  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **office work**

11. Industry or business **Malines**

12. Name **Samuel Evans**

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

14. Maiden name **Rain Lawrence**

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

16. (a) Informant **Mrs. J. Shuburn**

(b) Address **Ran city**

17. (a) **Removal** (b) Date thereof **7/14/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's, Ran city, Mo.**

18. (a) Signature of funeral director **J. E. Wampler**

(b) Address **2315 Lincoln**

19. (a) **7-4-44** (b) **T. E. Brown (VZ)**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **30**  
year **1944** hour \_\_\_\_\_ minute **2** M.

I hereby certify that I attended the deceased from \_\_\_\_\_  
**Deputy Coroner** \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**  
**encephalomalacia** Duration \_\_\_\_\_

Due to **Hypertensive Cardio-vascular disease**

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

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

Major findings: **93d**  
Of operations \_\_\_\_\_

Of autopsy **See above**

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 **J. E. Wampler** (M. D. or other)  
Address **General Hosp.** Date signed \_\_\_\_\_

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

MOTHER FATHER

**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 Ray E. Lund  
Licensed Embalmer No. 2560  
P. O. Address K E 7th

**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.**