

FILED DEC 7 1944
Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 244

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution:
502 S. Sixth Street
(d) Length of stay: In hospital or institution 37 yrs.
In this community 37 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(d) Street No. 502 S. Sixth
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME George W Elledge

(b) If veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret C. Elledge 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased March 11 1877

8. AGE: Years 67 Months 7 Days 6

9. Birthplace Calhoun County Illinois

10. Usual occupation Retail Grocery Owner

11. Industry or business Grocery Store

12. Name John Elledge
13. Birthplace Unknown Unknown
14. Maiden name Elizabeth Harlow
15. Birthplace Unknown Unknown

16. (a) Informant Mrs. Margaret Elledge
(b) Address 502 S. Sixth St.

17. (a) Burial (b) Date thereof 10-19-44
(c) Place: burial or cremation Grand View

18. (a) Signature of funeral director Roy P. Schwatz
(b) Address 1000 Broadway

19. (a) 11-4-44 (b) R. W. Connor

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1944 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 10 1944 to Oct 17 1944
that I last saw him alive on Oct 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis & uremia
Ductitis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature A. B. Blue (M. D.)
Address _____ Date signed 10-27-44

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

4
2
4

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Jack H. Latham

Licensed Embalmer No. 4410

P. O. Address Warrick, 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.