

FILED FEB 7 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 801

1. PLACE OF DEATH:

(a) County.....

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether
30 days)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County.....

(c) City or town Norris City
(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 GEORGE WASHINGTON ELLIOTT

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

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife Fannie E 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept 27 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1945 hour 11 minute 12 a. M.

21. I hereby certify that I attended the deceased from Dec. 26 1944 to Jan. 25 1945;
that I last saw him alive on Jan. 25 1945;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 3 28 hr. min.

Immediate cause of death Bronchopneumonia Duration 3 Days

9. Birthplace Edwards Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

Due to 61

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
Hypertensive cardiac vascular disease

11. Industry or business.....

12. Name James Elliott

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

14. Maiden name Lucy Saxe

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

Major findings:
Of operations.....

Of autopsy Bronchopneumonia
Arteriosclerosis

16. (a) Informant Fannie Elliott

(b) Address Norris City Ill

17. (a) removal (b) Date thereof 1-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norris City Ill

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?.....

18. (a) Signature of funeral director Turner Funeral Home
Norris City, Ill

(b) Address.....

19. (a) JAN 25 1945 J. F. Bredbeck
(Data received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

Means of injury.....

23. Signature James F. Jagger (M. D. or other).....
Address Barnes Hospital Date signed 1/25/45

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

0
17
9

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 John Hetter
Licensed Embalmer No. 3880
P. O. Address Athena 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.