

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 9, 1945

Registration District No. 137

Primary Registration District No. 5513

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural - South of Coler
(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 Most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Brownington
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) R #2

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Loretta Elliott

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1945 hour 8 minute 10 PM.

4. Sex Fe 5. Color or race W

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

6. (b) Name of husband or wife Sam Elliott 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: 10 (Month) 15 (Day) 1887 (Year)

21. I hereby certify that I attended the deceased from April 27, 1945, to Jan 22, 1945
that I last saw her alive on Jan 22, 1945
and that death occurred on the day and hour stated above.

8. AGE: Years 62 Months 3 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death cerebral hemorrhage Duration 2 hrs.

9. Birthplace Henry Co. Mo
(City, town, or county) (State or foreign country)

Due to cerebral hemorrhage June 1944

10. Usual occupation House wife

Due to Chronic nephritis year

11. Industry or business _____

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

MOTHER FATHER

12. Name Margaret Pierce

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

14. Maiden name Lucie Young

15. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations 121

Of autopsy _____

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

16. (a) Informant Sam Elliott

(b) Address Brownington Mo R #2

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Jan 26 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director George Kitchner

(b) Address Henry Co Mo

(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? _____

19. (a) Jan 25 1945 (b) Georgia Kitchner
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work _____ (c) Means of injury _____

23. Signature Cliff Ford (M. D. or other) _____
Address Henry Co Mo Date signed 1/30/45

7,
1-45-65
2-8-45

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 Fred Wellke
Licensed Embalmer No. 7745
P. O. Address Victor M

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.