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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10194

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Princeton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Axtell Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours. (Specify whether years, months or days)
In this community Lifetime - 4 hours.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Laredo (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carolyn Sue Elliott
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 17 (Day) 1944 (Year)

8. AGE: Years | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Trenton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name William Otho Elliott
FATHER 13. Birthplace Grundy County (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Gladys Maria Thomas
MOTHER 15. Birthplace Grundy County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Wm Elliott
(b) Address Laredo Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Stucker Cemetery
18. (a) Signature of funeral director E. T. Robertson Funeral Home
(b) Address Laredo Mo
19. (a) 2/23/45 (Date received local registrar) (b) Ivan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1945 hour 9 minute 17 P.M.
21. I hereby certify that I attended the deceased from 5.45 Feb 18, 1945, to 9.17 Feb 18, 1945, that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	3 days
Due to	
Due to	
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 Dixon D. Aptell (M. D. or other) O.D.
Address Trenton Mo Date signed 2-18-45

1361

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.