

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12597**
Registrar's No. **155**

Registration District No. **43** Primary Registration District No. **3007**

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff

(c) Name of hospital or institution: Lucy Lee Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 4 da
(Specify whether In this community Life years, months or days)

3. (a) PRINT FULL NAME Ransom Murphoy Elkins

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-09-2356

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug. 6 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Short Mt. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Tourist Court Prop.

11. Industry or business _____

MOTHER FATHER { 12. Name Geo. Washington Elkins

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

{ 14. Maiden name Ruth Ann Melton

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

16. (a) Informant Mrs. Jennie Fields

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 4/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 4-12-47 (b) R. W. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. Hy. 67
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1947 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 2 _____, 19____, to _____, 19____;

that I last saw h. im alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Asphyxiation

Due to Cardiac Failure

Due to Cerebral Accident

from hypertensive origin

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

Signature [Signature] (M. D., X-ray, M., D.)

Address Poplar Bluff, Mo. Date signed _____

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

RECEIVED

District Health Office No. 2

District File Number 442-578

Date Filed 4-14-87

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.....

John Davis....., Registered Apprentice No. *487*
working under my personal supervision.

Signed..... *Wallace N. Fitch*

Licensed Embalmer No. *3859*

P. O. Address. *Boyer Bluff, MT*

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.