

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26688

State File No.

FILED SEP 23 1947 12

Registration District No. 5050

Registrar's No.

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Rural (Mineral twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 mi E of Cassville, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -----
In this community 11 Hours 55 min. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Rural (Mineral twp)
(If outside city or town limits, write "RURAL")
(d) Street No. 7 mi E of Cassville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Jerry Gene ELLIOTT
3. (b) If veteran, ----- 3. (c) Social Security name war ----- No. -----

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 9th.
year 1947 hour 5:15 minute P. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced S D
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased June 9, 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from at birth 1947 to June 9, 1947?
that I last saw h. ----- alive on -----, 1947;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 0 11 hr. 55 min.

Immediate cause of death Arteriocephalus (congenital)
Due to -----
Due to -----

9. Birthplace Barry Co., Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations -----
Of autopsy -----

11. Industry or business None
12. Name Eldon Charles Elliott
13. Birthplace Cassville, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lewis Lowe
15. Birthplace Cassville, Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
1570

16. (a) Informant Eldon C. Elliott
(b) Address Rt. 2, Cassville, Mo.
17. (a) Burial (b) Date thereof 6/10/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery
18. (a) Signature of funeral director Koon Funeral Home
(b) Address Cassville, Missouri
19. (a) 1-3-46 (b) Mas Gene Hudson
(Date received local registrar) (Registrar's signature)

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? ----- (b) Means of injury -----
23. Signature Ed McDaniel (M. D. or other) ab
Address Cassville, Mo. Date signed 6/10/47

RECEIVED
District Health Officer No. 6;
District File Number.....
Date Filed.....

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~~.....

not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *W. C. Koon*.....
Licensed Embalmer No. *4359*.....
P. O. Address *Cassville, 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.

Registration District No. 12

Primary Registration District No. 5050

1. PLACE OF DEATH:

(a) County Barnes
(b) City or town Rural
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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

Jerry S. Elliott

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 55 min. no

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 11/31/48 (b) Mrs. Ann Hudson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day _____
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

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:

(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) _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26688