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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35037

Registration District No. 207 Primary Registration District No. 4319 Registrar's No. 47

1. PLACE OF DEATH:

(a) County ~~[illegible]~~ Maries

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63

(c) City or town 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME James H. Elston

3. (b) If veteran, name war ✓

3. (c) Social Security 708-14-3555

4. Sex Male 0

5. Color or White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband~~ or wife Mary Francis

6. (c) Age of ~~husband~~ or wife if alive 63 years

7. Birth date of deceased Aug (Month) 22 (Day) 1875 (Year)

8. AGE: Years 72 Months 1 Days 16 If less than one day ___ hr. ___ min.

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

10. Usual occupation retired Railroad Employee

11. Industry or business

FATHER
12. Name John Elston
13. Birthplace — (City, town, or county) Illinois 1 (State or ~~foreign country~~)

MOTHER
14. Maiden name Rebeca Hendricks
15. Birthplace — (City, town, or county) Missouri 0 (State or ~~foreign country~~)

16. (a) Informant Charles Elston
(b) Address St. Louis - Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct (Month) 12 (Day) 1947 (Year)
(c) Place: ~~burial or cremation~~ Catholic Cemetery Cleasville Mo.

18. (a) Signature of funeral director Sassmann's Funeral Service
(b) Address Belle - Mo.

19. (a) 10-12-47 (Date received local registrar) (b) Pauline Howard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9 year 1947 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct 9, 1947, to Oct 9, 1947 that I last saw him alive on Oct 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from pulling teeth

Due to Had teeth pulled and he was a bleeder

Due to and bled to death that night.

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

Major findings:
Of operations non
Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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 [illegible] (M. D. or other)

Address Belle Mo. Date signed Oct 11/47

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1947

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 Chester Hassmann

Licensed Embalmer No. 4178

P. O. Address Bland

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.