

FILED NOV 5 1947

State File No.

Registration District No. 274

Primary Registration District No. 5932

Registrar's No. 345

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town LaMonte (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.
In this community 10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nettie Dryer Elwell

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 Married

6. (b) Name of husband or wife Harry O. Elwell 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased June 23 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 3 24 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Daniel Dryer
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Elwell
(b) Address LaMonte Mo.

17. (a) Burial (b) Date thereof 10-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Paul M. Moore

(b) Address LaMonte Mo.

19. (a) 10-18-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town LaMonte Mo. (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1947 hour 1:20 minute am M.

21. I hereby certify that I attended the deceased from Oct 16 1947
that I last saw her alive on Oct 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration

Due to

Due to

Other conditions Toxic Thrombocytopenia
(Include pregnancy within 9 months of death) Myocarditis

Major findings: Myocarditis PHYSICIAN

Of operations
Of autopsy None

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) (e) Means of injury.

23. Signature P. W. Howe (M. D. or other)
Address Franklin, Mo. Date signed Oct 18 1947

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-4-47

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address Le Monte Ms

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.