

**RECEIVED**  
OCT 18 1940

Registration District No. 247

Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Henry Clinton  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
300 S Second  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community 75 yrs  
years, months or days (Specify whether)

8. (a) PRINT FULL NAME James L. Elliston

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Elliston 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 12 22 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Henry Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance

11. Industry or business 9

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant John L. Barnett

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 9 17 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Ed C. Wilkinson

(b) Address Clinton Mo

19. (a) \_\_\_\_\_ (b) Dr J R Haughey  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Henry  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 300 S 2nd St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 15  
year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 7, 1940, to Sept 15, 1940;  
that I last saw him alive on Sept 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic (lobar pneumonia) 2 days

Due to: Chronic pulmonary tuberculosis

Due to: \_\_\_\_\_

Other conditions: none  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations \_\_\_\_\_

Of autopsy none

Duration  
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) no

(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 S B Hughes (M. D. or other) MD

Address Clinton Mo Date signed 9/17/40

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

RECEIVED

District Health Officer No. 7;

District File Number 10-40-1489

Date Filed 10-11-40

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

*W. Kenneth Jackson*

Licensed Embalmer No. 3954

P. O. Address Clinton 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, above space should be left blank.