

DEC 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39746
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 347
 (b) Township Blinton Primary Registration District No. 3018
 (c) City Blinton (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Harrison B Elliott
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE B- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 - 1891

7. AGE YEARS 48 MONTHS 3 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville, Mo

13. NAME James R Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville, Mo

15. MAIDEN NAME Fannie M. Gruber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville, Mo

17. INFORMANT Bruce Elliott (ADDRESS) Harrisonville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisonville DATE 11/16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) RUNNENBURGER'S HARRISONVILLE, MO

20. FILED 11-24 1939 Dr. J. R. Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/16 1939

22. I HEREBY CERTIFY, That I visited and attended deceased Nov 16 1939
 I last saw h. at home on Nov 16 1939. Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Sudden deathly granular disease due to heart attack
 Date of onset 11/16/39

Other contributory causes of importance: None

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in Industry, in home, or in public place.
 Manner of injury None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) S. B. Hughes M. D.
312 (Address) Corners W. & G. City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED FILLMORE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 11-27-39

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

Frank E. Remmerberger

Registered Apprentice No. _____

working under my personal supervision.

Signed *Frank E. Remmerberger*

Licensed Embalmer No. 2698

P. O. Address Harrisonville

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.