

Registration District No. 119

Primary Registration District No. 5170

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Camden, Mo.
(b) City or town Montreal, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Star Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 17 year in this home (Specify whether years, months or days)

8. (a) PRINT FULL NAME Merriol Jackson Elliott

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Laura Etta Elliott 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb 1 - 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 25 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William J Elliott

18. Birthplace Camden, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah George

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

16. (a) Informant's own signature Sarah Elliott

(b) Address Montreal, Mo

17. (a) buried (b) Date thereof Feb 28-40
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation Montreal, Mo

18. (a) Signature of funeral director Balmer Under

(b) Address Lebanon, Mo

19. (a) Mar 25-40 (b) W. J. Clark
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Montreal, Mo (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Star Route
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1940 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from Feb 26
1940 at 11 am _____

that I last saw him alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Heart
mitral Stenosis

Due to _____

Due to over a period of
time

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy no

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)

(a) Means of injury _____

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

Address Camden, Mo Date signed 2/26/40

MARGIN RESERVED FOR BINDING

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

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
District Health Officer No. 7,
District File Number 4-40-628
Date Filed 4-12-40

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 S. P. Palmer
Licensed Embalmer No. 2208
P. O. Address Lebanon 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.