

REC-5-1940
Registration District No. **8**

Primary Registration District No. **201**

Registrar's No. **35**

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

1. PLACE OF DEATH: **Benton**
 (a) County
 (b) City or town **Lincoln Rural Cole Township**
 (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 _____ (Specify whether)
 In this community **Seven Years**
 years, months or days

3. (a) PRINT FULL NAME **Harry Watson Elliott**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Isabelle Watson Elliott** 6. (c) Age of husband or wife if alive **56** years
 7. Birth date of deceased **January 31st 1872**
 (Month) (Day) (Year)

8. AGE: **68** Years
 Months **9** Days **13** If less than one day
 hr. _____ min.

9. Birthplace **Nebraska** **Indiana**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Retired Railroad Conductor**

11. Industry or business _____

MOTHER FATHER { 12. Name **Hiram Elliott**
 13. Birthplace **Zenas** **Indiana**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Josaphine Paton**
 15. Birthplace **Indiana**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Bell M Elliott**
 (b) Address **Lincoln Mo R F D #2**

17. (a) **Burial** (b) Date thereof **Nov 17, 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cole Camp Memorial**
E & Eickhoff
 18. (a) Signature of funeral director
 (b) Address **Cole Camp Missouri**

19. **11-16-40** (b) **Sue Selover**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Benton**
 (c) City or town **Lincoln R F D #2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **14th**
 year **1940** hour **5** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Never**
stranger, 19____ to _____, 19____;
 that I last saw **him** alive on **never**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart**
apparently N.I.D.

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

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?
63

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **MD**
 Address **Cole Camp Mo** Date signed **11/16-40**

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

E. F. Eckhoff

Licensed Embalmer No. *730*

P. O. Address *Osle Camp*

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.