

JAN 25 1949

Registration District No. **735**

Primary Registration District No. **5971**

Registrar's No. **1/63**

38

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town near Moberly - Union
(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 _____ years, months or days 3

8. (a) PRINT FULL NAME David E. 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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year) 84 1869

7. Birth date of deceased _____

8. AGE: Years Months Days If less than one day

71 3 16 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Elliott

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

14. Maiden name Katherine Partridge

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

16. (a) Informant J.W. Elliott (b) Address 205 Moberly

17. (a) _____ (b) Date thereof Dec 24 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Salmon Near Moberly Mo

18. (a) Signature of funeral director Malign and Son (b) Address Moberly

19. (a) Dec 24-40 (b) Paul Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Secalia (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 Dec day 22 year 1940 hour 9:30 pm minute _____ M.

21. I hereby certify that I attended the deceased from _____
Coroner's Case 19____
that I last saw h. Did not attend him 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Collapse (Coronary Thrombosis)

Due to Natural death

Due to _____

Other conditions 4/12 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 925

(Specify type of place) _____ (e) Means of injury Coroner

23. Signature H.C. Guffey (M. D. or other) _____
Address Moberly Mo Date signed 12/23/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 1-41-170

Date Filed JAN 16 1941

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

Frank S. D. Nett

Licensed Embalmer No.

3021

P. O. Address

Woburn, 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.