

No. 2
-10.39
-17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10364**

Registration District No. **169** Primary Registration District No. **5235** Registrar's No. **12**

1. PLACE OF DEATH:
(a) County **Chariton**
(b) City or town **Brunswick Rural**
(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

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

3. (a) PRINT FULL NAME **HAZEL IRENE ELLIOTT**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **3** day **1**
year **1941** hour **1** minute _____ P.M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married divorced **Married**
6. (b) Name of husband or wife **Turner Elliott** 6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **October 8 1897**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 25**
19 **41** to **3-1** 19 **41**;
that I last saw her alive on **Feb 25** 19 **41**
and that death occurred on the date and hour stated above.

8. AGE: Years **43** Months **4** Days **23** If less than one day _____ hr. _____ min.

Immediate cause of death **Congestive heart failure**
Duration **5 months**

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

Due to **Endocarditis and mitral stenosis**
Due to _____

10. Usual occupation **at home**

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

11. Industry or business **Housewife**

Major findings: Of operations _____
Of autopsy _____

12. Name **Thomas G. Statton**
13. Birthplace **Miami Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Alice Tate**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

16. (a) Informant **Turner Elliott**
(b) Address **Brunswick Mo**
17. (a) **Burial** (b) Date thereof **3-3-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Brunswick Mo**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

18. (a) Signature of funeral director **L. W. Haessel**
(b) Address **Brunswick Mo**
19. (a) **3/2/1941** (b) **Harry G. Statton**
(Date received local registrar) (Registrar's signature)

(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?
150 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **D. D. Stewart** (M. D. optional) **11**
Address **Brunswick, Mo** Date signed **3-3-41**

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

RECEIVED
District Health Officer No. 8
File Number
A-11-41

NOV 8 1954

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 *L. W. Merrill*

Licensed Embalmer No. 823

P. O. Address *Brunswick*

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.