

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35029**

FILLED NOV 14 1941

Primary Registration District No. **5459**

Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County **Grundy County**
(b) City or town **TRINITY R.F.D. # 2**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.O. # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **47 years** (Specify whether years, months or days)
In this community **47 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **Grundy** **040**
(c) City or town **Jenison**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rt 2**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes name country _____ **0**

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **9** year **1941** hour **5:30** minute **PM** M.

4. Sex **Male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Etta Elliott**
6. (c) Age of husband or wife if alive **43** years
7. Birth date of deceased **March 4, 1894**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 29th** 19**41** to **Oct 9th** 19**41**
that I last saw him alive on **Sept 29th** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **24 years**
Due to **do not know**

8. AGE: Years **47** Months **7** Days **5** If less than one day _____ hr. _____ min.
9. Birthplace **Grundy County, Missouri**
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **93d**
Of autopsy _____

10. Usual occupation **Farm**
11. Industry or business **Farm**
12. Name **William Elliott**
13. Birthplace **UNKNOWN Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **ADDIE ALISON**
15. Birthplace **UNKNOWN PENN**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Etta Elliott**
(b) Address **Jenison, R.F.D. # 2**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 11, 1941**
(Month) (Day) (Year)
(c) Place: burial or cremation **203 Ave, Edenburg, Mo.**
18. (a) Signature of funeral director **Raymond A. Sam**
(b) Address **Jenison, Mo.**
19. (a) **10/11/41** (Date received local registrar) (b) **Jenison, Mo.** (Registrar's signature)

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? _____
(Specify type of place) While at work _____ (e) Means of injury _____
23. Signature **Oliver P. Duffey** (M. P. or other) **M.D.**
Address **Jenison, Mo.** Date signed **Oct 10th 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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert B. Davis*.....

Licensed Embalmer No. *4219*.....

P. O. Address *Trenton, 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, fact should be so stated above.