

DEC 10 1941

Registration District No. 85

Primary Registration District No. 1001

1066

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1125 Krug Park Place /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether yours, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan / /
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 1125 Krug Park Place /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1941 hour 3 minute 00 A.M.
21. I hereby certify that I attended the deceased from 1939 to Nov 5, 1941
that I last saw her alive on Nov 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Chromic
Due to Senility
Duration 3 1/2
Other conditions 938
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature J. H. Allman (M.D. or other) M.D.
Address Central Bldg. St. Joseph Date signed 11/14/41

3. (a) PRINT FULL NAME

Victoria Weeden Elliott

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive years

6. (b) Name of husband or wife Ezra T. Elliott

7. Birth date of deceased February 23 1845
(Month) (Day) (Year)

8. AGE: Years 96 Months 8 Days 12 If less than one day hr. min.

9. Birthplace New Port New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Wanton Weeden

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. R. L. Douglas

(b) Address 1125 Krug Park Place St. Jos. Mo

17. (a) Removal (b) Date thereof 11/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cincinnati, Ohio

18. (a) Signature of funeral director Walter Meischer

(b) Address 1202 Faraon St., St. Joseph, Mo.

19. (a) Nov 6, 1941 (b) J. H. Allman
(Date burial local registrar) (Registrar's signature)

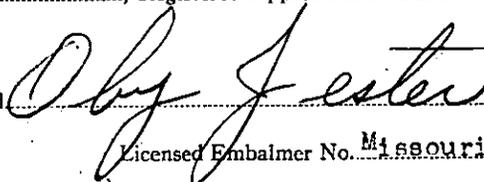
WRITE PLAINLY—USE UNFADING, BLACK INK—MAKE A PERMANENT RECORD

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.....



Licensed Embalmer No. Missouri # 4154

P. O. Address St. Joseph, Missouri.

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.