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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 2 1942

Registration District No. 756

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4090

State File No. 1934

Registrar's No. 9

**1. PLACE OF DEATH:**
(a) County: Cass
(b) City or town: Harrisonville Twsp.
(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 years, months or days)
In this community: 63 yrs.

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Cass 19
(c) City or town: Harrisonville 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: FANNIE ELLIOTT

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: Colored

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

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: July (Month) 22 (Day) 1878 (Year)

8. AGE: Years 63 | Months 5 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace: Harrisonville (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Maid — Housework

11. Industry or business: ____

FATHER
12. Name: Tom Elliott
13. Birthplace: ____ (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Susan ~~Elliott~~ Potts
15. Birthplace: Henry Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Viola Matheus, gr
(b) Address: 1535 Olive, Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 20 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Cemetery.

18. (a) Signature of funeral director: RUNNENBURGER'S
(b) Address: HARRISONVILLE, MO.

19. (a) Jan. 19, 1942 (Date received local registrar) (b) Margaret Tolle (Registrar's signature)

Dr. T. ____ (Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 17th year 1942 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from Nov. 22, 1941, to Dec. 31, 1941, that I last saw her alive on Dec. 31, 1941, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Arterial Hypertension | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: 102
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature: J. S. Triplett M.D. (M. D. or other)
Address: Harrisonville, Mo. Date signed 1-19-42

## 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 Ernest B Gunnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, Me.

**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.**