

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 18 1942
335

Registration District No. _____

Primary Registration District No. 4169-5469

Registrar's No. 2

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

1. PLACE OF DEATH:
 (a) County HARRISON
 (b) City or town RURAL COLFAX TWP.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(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 HARRISON
 (c) City or town RURAL COLFAX TWP.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 9
 year 1942 hour about 16 minute A M.
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw h. _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, WIDOWER
 6. (b) Name of husband or wife SADIE 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 3 12 1874
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
67 9 26 _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 94a
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)
 10. Usual occupation FARMER

11. Industry or business _____
 12. Name JOHN ELLIOTT
 13. Birthplace DO NOT KNOW 9
(City, town, or county) (State or foreign country)
 14. Maiden name DO NOT KNOW
 15. Birthplace DO NOT KNOW 4
(City, town, or county) (State or foreign country)

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) (a) Means of injury 3

16. (a) Informant One Elliott
 (b) Address Eggleville, Mo.
 17. (a) BURIAL (b) Date thereof 1/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation EAGLEVILLE, Mo.
 18. (a) Signature of funeral director S.M. Haco
 (b) Address Bethany, Mo.
 19. (a) 12-13-1942 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature Joe E. Wheeler Coroner
(M. D. or other)
 Address _____ Date signed _____

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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..... *Shanton H. Haas*

Licensed Embalmer No. *2861*

P. O. Address..... *Bethany, MS.*

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.