

Registration District No. 309

Primary Registration District No. #185

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany, Mo.
(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. All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Albany
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Joseph Robert Elliott

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male (D) 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Jones 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug. 15 1865 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 2
If less than one day: hr. min.

9. Birthplace Gentry County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Jesse Elliott
13. Birthplace Unk. Virginia (City, town, or county) (State or foreign country)
14. Maiden name Sarah Wilson
15. Birthplace Unk. Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. R. Elliott

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 2/19/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller Cemetery

18. (a) Signature of funeral director

(b) Address Albany, Mo.

19. (a) Feb. 19-1942 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1942 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from Feb. 10th 1942, to Feb. 17th 1942; that I last saw him alive on Feb. 17th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Duration 10 days

Due to Chronic Interstitial Nephritis

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations: 3/a
Of autopsy: 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 W. Campbell (M. D. or other)

Address Albany Mo Date signed

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

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

Signed Alfred Bush
Licensed Embalmer No. 3329

P. O. Address Albany 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.