S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

Registration District No. 163

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5602

State File No. 41108

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural . Chilhowee
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Life /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
Rural 0

(c) City or town 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Arthur William Elliott

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race 0 white

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

6. (b) Name of husband or wife Mary Elliott

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 25 (Day) 1876 (Year)

8. AGE: Years 66 | Months 6 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Johnson Co Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Hubert Elliott
13. Birthplace ..... (City, town, or county) Ky. / (State or foreign country)

MOTHER
14. Maiden name Nancy Hyman Ky.
15. Birthplace ..... (City, town, or county) Ky. / (State or foreign country)

16. (a) Informant Mrs Arthue Elliott
(b) Address Holden Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation New Liberty

18. (a) Signature of funeral director A.W. Brownfield
(b) Address Pleasant Hill. Mo.

19. (a) 1-43 (Date received local registrar) (b) Mrs. O. L. Cook Deputy (Registrar's signature)

862 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day December
year 1942 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 1, 1942, to Dec 24, 1942
that I last saw him alive on Dec 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to .....

Due to .....

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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 plac
(Specify type of place)

While at work? ..... (e) Means of injury —

23. Signature Kelly Rawlins (M. D. ~~or other~~)
Address Holden Mo Date signed 12/26/4

E.
O. F. Crook

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-12-43

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 By me 12/25/42, Registered Apprentice No., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3185

P. O. Address Pleasant Hill, Missou

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.