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. 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2906

State File No.

Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 1

71
0
0

1. PLACE OF DEATH:

(a) County MORGAN.

(b) City or town "RURAL" MOREAU.
(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 LIFETIME.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County MORGAN. 71

(c) City or town VERSAILLES. 0
(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 0

3. (a) PRINT FULL NAME CLARRISSA CORDELIA GRACE ELLIOTT.

3. (b) If veteran, name war

3. (c) Social Security No. 487-16-6344

4. Sex F.

5. Color or race W. 1

6. (a) Single, widowed, married, divorced SINGLE. 0

6. (b) Name of husband or wife

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

7. Birth date of deceased JAN. (Month) 28. (Day) 1902. (Year)

8. AGE:

Years	Months	Days	If less than one day
40.	11.	9.	hr. min.

9. Birthplace MORGAN CO. (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation FACTORY WORKER.

11. Industry or business TENT FACTORY.

FATHER
12. Name THOMAS HENRY ELLIOTT.
13. Birthplace (City, town, or county) KENTUCKY. (State or foreign country) 1

MOTHER
14. Maiden name AGNES DANIELS.
15. Birthplace (City, town, or county) MISSOURI. (State or foreign country) 0

16. (a) Informant Mrs. Joe Thurston
(b) Address Jefferson City, Mo.

17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 1/12/43. (Month) (Day) (Year)
(c) Place: burial or cremation BEULAH CEMETY.

18. (a) Signature of funeral director [illegible]
(b) Address Versailles Mo

19. (a) 1-12-1943 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 6th.
year 1943. hour ABOUT minute 4: P. 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.

	Duration
Immediate cause of death accidental death from Carbon Monopide after car accident.	1
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

170 C-94

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) accident
(b) Date of occurrence 1/6/43. 071
(c) Where did injury occur? about 1 mile E. Barnett, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway #52. (Specify type of place)
While at work? (e) Means of injury

23. Signature L E Buchanan Coroner (M. D. or other)
Address Versailles Mo Date signed 1-12-43

C
561
5/43
40

1029

(Licensed Embalmer's Statement on Reverse Side)

JAN 15 1943

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 H F Kidwell

Licensed Embalmer No. 1596

P. O. Address Versailles 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.