S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3807

Registration District No. 365 Primary Registration District No. 6238 Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Belgrade 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: 118

(a) State Missouri (b) County Washington

(c) City or town Belgrade (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

3. (a) PRINT FULL NAME Charles Elliott

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May (Month) 11 (Day) 1869 (Year)

8. AGE: Years 73 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Farmer

FATHER
12. Name N H Elliott
13. Birthplace ~~Ohio~~ (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Sarah McIntosh
15. Birthplace Pennsylvania (City, town, or county) Pa (State or foreign country)

16. (a) Informant Minnie Elliott

(b) Address Belgrade Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Crafford Co

18. (a) Signature of funeral director S Parks

(b) Address Potosi Mo

19. (a) Jan 19-43 (Date received local registrar) (b) Ella White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1942 hour 2 minute 2 M.

21. I hereby certify that I attended the deceased from May 1, 1942, to June 28, 1942 that I last saw him alive on June 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate

Due to Senility

Due to

Other conditions (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 place? (Specify type of place)

While at work? (e) Means of injury

23. Signature James W Huffman (M. D. or other)

Address Bismarck Mo Date signed 6/25/42

810 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 243-1657

Date Filed 2-5-43

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 .....

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Ellinwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.