

NOV 12 1943

Registration District No. 154

Primary Registration District No. 5575

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community 20 years
years, months or days

3. (a) PRINT FULL NAME Henry John Elliott

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Grace H. Elliott 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct 1 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 21 hr. min.

9. Birthplace Buffalo New York
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm Owner

MOTHER FATHER { 12. Name William Elliott

18. Birthplace Montreal Canada
(City, town, or county) (State or foreign country)

14. Maiden name Sarah A. Hawkins

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace H. Elliott

(b) Address Grandview, Mo.

17. (a) Burial (b) Date thereof 10-25-'43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem. K. C.

18. (a) Signature of funeral director E. K. George & Sons

(b) Address Grandview, Mo. by R. F. George

19. (a) 10/20/43 (b) Dr. Annie G. Hedger
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town RURAL 1 1/2 Mi. East Grandview
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1943 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 9, 1932, to Oct 22, 1943
that I last saw him alive on Oct 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Septicemia

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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 R. M. Miller (M. D. or other) _____

Address Belton Date signed 10-23-43

NOV 3 1949

JUN 18 1951

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 Richard E. George
Licensed Embalmer No. 3958
P. O. Address Belton, 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, above space should be left blank.