

OCT 28 1943

Registration District No. 314

Primary Registration District No. 6273

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County: Worth  
(b) City or town: Grant City Rural  
(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: 1  
In this community: Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Worth  
(c) City or town: Rural  
(d) Street No.: West of Grant City  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Simon Willhite Elliott  
3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 17 year 1943 hour 3 minute 40 P.M.  
21. I hereby certify that I attended the deceased from Sept. 12 1943 to Sept. 17 1943 that I last saw him alive on Sept. 17 1943 and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: White  
6. (a) Single, widowed, married, divorced: Married  
6. (b) Name of husband or wife: Florea Elliott 6. (c) Age of husband or wife if alive: 78 years  
7. Birth date of deceased: January 8 1864  
(Month) (Day) (Year)

Immediate cause of death: Myocardial degeneration of heart  
Duration: 5-9-00

8. AGE: Years 79 Months 8 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to: \_\_\_\_\_  
Due to: \_\_\_\_\_  
Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

9. Birthplace: Grant City 0 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: no  
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
11. Industry or business: \_\_\_\_\_  
12. Name: Abraham Elliott  
13. Birthplace: Somewhere in Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name: Amanda Willhite  
15. Birthplace: Somewhere in Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant: Florence Elliott  
(b) Address: Grant City Mo  
17. (a) Burial (b) Date thereof: Sept 19-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Burial

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify): 7  
(b) Date of occurrence: \_\_\_\_\_  
(c) Where did injury occur? 7  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director: John Andrews Jr.  
(b) Address: Grant City Mo  
19. (a) Oct 15-43 (b) Arlene Scadden  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury: \_\_\_\_\_  
23. Signature: Dr. J. H. ...  
Address: Grant City Mo Date signed: Sept 19 1943

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

No. 2  
5-42  
V. 5-1739  
1 X32073

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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.....

John Andrews Jr......, Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John Andrews Jr.*

Licensed Embalmer No. 4211.....

P. O. Address Grant City 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.**