

FILED DEC 27 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42622

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1036 Sophia  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution - - - (Specify whether  
In this community 13 years  
years, months or days)

3. (a) PRINT FULL NAME Delbert Shely Elliott

3. (b) If veteran, name war World War I 3. (c) Social Security No. 486-24-7293

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Evelyn Elliott 6. (c) Age of husband or wife if alive - - years  
7. Birth date of deceased May 9 1900  
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 12 If less than one day  
hr. min.

9. Birthplace Lowell Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Union Bus Depot

MOTHER FATHER { 12. Name Wm. Andrew Elliott  
13. Birthplace unknown Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lillie B. Davis  
15. Birthplace unknown Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Owen Booker

(b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof Dec. 14, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Dec. 14 '43 (b) E. Elizabeth Cooper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1036 Sophia  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
year 1943 hour 6:45 minute A.M.

21. I hereby certify that I attended the deceased from Aug 10 1935 to Dec 11 1943  
that I last saw him alive on Dec 11 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart

Due to 1st World War

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. Elizabeth Cooper (M. D. or other)

Address Carthage, Mo Date signed 12-11-43

48-11-1006

DEC 2 7 1943

SEP 27 1950

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 *Emma Rutledge*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

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.