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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1944

State File No.

Registration District No. 78 Primary Registration District No. 5568 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Blue Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9806 East 25th, St. 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9806 East 25th, St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME RICHARD EUGENE ELLIOTT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

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 September (Month) 6, (Day) 1935 (Year)

8. AGE: Years 8 Months 4 Days 0 If less than one day hr. min.

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

10. Usual occupation Schoolboy

11. Industry or business

FATHER
12. Name Floyd E. Elliott
13. Birthplace Pittsburgh, (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name Edith M. Roach
15. Birthplace Graham, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant (Father) Floyd E. Elliott
(b) Address 9806 E.25th Indep. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Roland R. Sparks
(b) Address Independence, Mo.

19. (a) 1-7-44 (Date received local registrar) (b) James W. Ross (Registrar's signature)

1105

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th year 1944 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Cancer, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Leukemia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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 [signature] 3/6/44 (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Roland P. Spinka

Licensed Embalmer No. 3604

P. O. Address Independence

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.