V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23677

State File No.

Registration District No. FILED JUL 24 1944 19

Primary Registration District No. 1002

Registrar's No. 2888

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days 0 (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 302 E. 33 St. 8
(If rural, give location)

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

3. (a) PRINT FULL NAME William Thomas Elliott

3. (b) If veteran, name war none

3. (c) Social Security No. 703-03-8244

4. Sex male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August (Month) 7th (Day) 1886 (Year)

8. AGE: Years 57 Months ~~11~~ 10 Days 4 If less than one day hr. min.

9. Birthplace Pryor (City, town, or county) Oklahoma (State or foreign country) 1

10. Usual occupation Baggage & Mail Foreman

11. Industry or business at Union Station

FATHER
12. Name John Elliott
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Marguerite Elliott
(b) Address 302 East 33rd street Kansas City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13th-44 (Month) (Day) (Year)
(c) Place: burial ~~XXXXXX~~ Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn ave.

19. (a) 7-12-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1944 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 27, 1944, to July 11, 1944
that I last saw him alive on July 11, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocardial infarction	
Due to	
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

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 A. E. Upsher (M. D. or other) M.D.
Address Med. Dir. Gen'l Hosp. Date signed 7-11-44

(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 Theron R. Redmon

Licensed Embalmer No. 27037

P. O. Address K.C. 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.