

FILED NOV 10 1944

Registration District No. **152**

Primary Registration District No. **5573A**

Registrar's No. **12**

18000

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Grain Valley**
 (c) Name of hospital or institution: **St. A. Bar**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1** (Specify whether)
 In this community **37 yrs** years, months or days

3. (a) PRINT FULL NAME **Lula Mae Elliott**
3. (b) If veteran, name war **—**
3. (c) Social Security No. **—**

4. Sex **F** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Walter Elliott**
6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **Jan 1 - 1887**
 (Month) (Day) (Year)

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

9. Birthplace **Grain Valley Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **—**

11. Industry or business **House wife**

12. Name **A. D. Lee Harrington**

13. Birthplace **Grain Valley Mo**
 (City, town, or county) (State or foreign country)

14. Maiden name **G. N. Saunders**

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

16. (a) Informant **Walter Elliott**

(b) Address **Grain Valley Mo**

17. (a) Burial, cremation, or removal **Burial** (b) Date thereof **9-14-44**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Grain Valley Mo**

18. (a) Signature of funeral director **Mrs. G. B. Webb, Sr.**
(b) Address **Blue Springs Mo**

19. (a) 9-15-1944 (Date received local registrar) **(b) Mrs. Jessie M. Histon** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Jackson**
 (c) City or town **Grain Valley** (If outside city or town limits, write "RURAL")
 (d) Street No. **—** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **—**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **12** year **1944** hour **7 A** minute **—** M.
21. I hereby certify that I attended the deceased from **Sept. 10**
1944 to **Sept. 11** 1944
 that I last saw her alive on **Sept. 11** 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized arteriosclerosis**
Due to **Carcinoma of the rectum**
Other conditions **none**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **—**
 Of autopsy **none**
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)
 (d) Means of injury **—**

23. Signature **O. L. ...** (M. D. or other)
Address **Oak Grove Mo** Date signed **9-15-44**

Duration
5 mos.
18 mos.
PHYSICIAN
 Underline the cause to which death should be charged statistically.

1360

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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Bluesprings 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.