

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40536

State File No. _____

FILED JAN 15 1945

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 171

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
6099 Woodlawn St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 609 Woodlawn St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Alfred L. Elliott Sr

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1944 hour 1 minute 33 A- M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mrs A.L. Elliott Sr

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

7. Birth date of deceased Nov 24 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 9 1944 to Dec 25 - 1944
that I last saw him alive on Dec 24 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 1 Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death myocarditis chr coronary disease cardiac chr arterio sclerosis

Due to _____

Due to _____

9. Birthplace Bristol, England (City, town, or county) (State or foreign country) U

10. Usual occupation Fire Brick Mfg

11. Industry or business Western Stove Living Works

Other conditions Cirrhosis of liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 1248

MOTHER FATHER

12. Name Robert E. Elliott

13. Birthplace England (City, town, or county) (State or foreign country) U

14. Maiden name Elizabeth Lang

15. Birthplace England (City, town, or county) (State or foreign country) U

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs A.L. Elliott Sr

(b) Address Mexico, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27. 44
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (c) Signature of funeral director Chris Amick

(b) Address Mexico, Mo

19. (a) 12/26/44 (Date received by registrar) (b) Margaret H. Mackey (Registrar's signature)

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 P.S. Williams (M. D. or other) M.D.
Address Mexico Mo Date signed 12/26/44

JAN 17 1945

RECEIVED

District Health Officer No. 10

District File Number 1-45-170

Date Filed JAN 12 1945

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 *Clara Annis*

Licensed Embalmer No. 3569

P. O. Address *Winnipeg*

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.