

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1945
Registration District No. 155

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27 6360
Registrar's No.

Primary Registration District No. 3127

19
26
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution 1208 Crown St
(d) Length of stay: In hospital or institution 40 yrs.
In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Webb City
(d) Street No. 1208 Crown St
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME James Deane Elliot
(b) If veteran name was
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 25
year 1945 hour 5 minute 0 M.
21. I hereby certify that I attended the deceased from Feb 20
1945 to Feb 25 1945
that I last saw him alive on Feb 22
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Widowed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 21 1869
(Month) (Day) (Year)

Immediate cause of death Voluntary heart disease - mitral insufficiency
Duration

8. AGE: Years 75 Months 5 Days 4
If less than one day hr. min.

Due to
Due to
Other conditions
Major findings: Of operations
Of autopsy

9. Birthplace Unknown Missouri
10. Usual occupation Married

MOTHER FATHER
11. Industry or business
12. Name James D. Elliot
13. Birthplace Missouri
14. Maiden name James C. (Darker)
15. Birthplace Missouri

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Sarah Lacy
(b) Address Webb City, Mo.
17. (a) Burial (b) Date thereof Feb 27 1945
(c) Place: burial or cremation Coaleville Cem.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Webb City, Mo.
(b) Address Webb City, Mo.
19. (a) Feb 27 1945 (b) Mrs. Lillie Eagle
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)
(e) Means of injury
23. Signature R. M. Stormont (M. D. or other)
Address Webb City Date signed 2/26/45

45-2-169

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 Myself
....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City, 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.