

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

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Troy Mo.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community In This Community
years, months or days 39 yr.

3. (a) PRINT FULL NAME ADAH VIRGINIA ELLIOTT
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife J. Elliott
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 28 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 20 hr. _____ min. _____
If less than one day

9. Birthplace Lincoln Co. Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER
12. Name Arch Williams
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Walter
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jel Elliott
(b) Address Troy Mo

17. (a) Burial (b) Date thereof Jan 20 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Cemetery

18. (a) Signature of funeral director W. Bryan Mealy

(b) Address Troy Mo

19. (a) May 1 1945 (b) Richard M. Grogan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town Troy Mo 57
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1945 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from 3/9
_____ 1943 to 1/18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Due to Semility -

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations None
Of autopsy _____
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? _____

23. Signature J. C. Bruckner
Address Troy Date signed 1/19/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-4-45

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.....

Wayne MS Coy

Licensed Embalmer No. 3586

P. O. Address Troy 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.