No. 2
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X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16629

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2353

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: 2710-BENTON BLVD-1ST FLOOR SOUTH (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether In this community 1 YEAR years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 2921-EAST-29TH STREET (If rural, give location) 8 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME MR WILBER TAYLOR ELLIOTT

3. (b) If veteran, name war NO

3. (c) Social Security No. 237-10-1268

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased DECEMBER (Month) 29 (Day) 1876 (Year)

8. AGE: Years 69 Months 4 Days 28 If less than one day ___ hr. ___ min.

9. Birthplace MORGAN COUNTY (City, town, or county) OHIO (State or foreign country)

10. Usual occupation BOOKKEEPER AND CASHIER

11. Industry or business J. S. BACHE AND COMPANY

FATHER
12. Name ISAAC ELLIOTT
13. Birthplace MORGAN COUNTY (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name ESTHER THOMPSON
15. Birthplace MORGAN COUNTY (City, town, or county) OHIO (State or foreign country)

16. (a) Informant MR CLELL ELLIOTT

(b) Address 2710 BENTON BLVD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-27-46 (Month) (Day) (Year)

(c) Place: burial or cremation IRENTON, MISSOURI

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 5-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27TH year 1946 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 27 1946 to May 27 1946 that I last saw him alive on May 27, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	2 hr
Due to Artero sclerosis	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no 94a	
Of autopsy no	

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 M. B. Carlbolt MD (M.D. or other)

Address 4000 Baltimore N.C. Date signed 5/27/46

(Licensed Embalmer's Statement on Reverse Side)

Hood Baltimore
3.30.7

MAR 24 1965

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas 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.