V. S. No. 2
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Rev. 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

FILED JUL 16 1946

State File No. 24004

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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

22859

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1102 Moffet (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 1102 Moffet (If rural, give location) 5

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Thomas Hartford Elliott

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Gertrude

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

7. Birth date of deceased November 24, 1869 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Barry County (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Printer

11. Industry or business Printing shop at his home

FATHER
12. Name George Benard Elliott
13. Birthplace Unknown (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Sarah Ely
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Gertrude Elliott
(b) Address 1102 Moffet, Joplin, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-46 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, JOplin, MO.

19. (a) 6-12-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 1-10, 1946 to 6-8-, 1946 that I last saw him alive on June 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Artesio Scherosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 97

Duration

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 [signature] (M. D. or other) 0

Address Joplin Mo Date signed 6-10-46

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(Licensed Embalmer's Statement on Reverse Side)

46-6-541

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.