

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

26952

FILED AUG 27 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

137

Primary Registration District No.

5-5-10 4214

Registrar's No.

141

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Deepwater, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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)

3. (a) PRINT FULL NAME DOUGLAS Eugene ELLIOTT

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. 0

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased July 29 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 hr. min.

9. Birthplace Clinton, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name James Elliott
13. Birthplace VISTA, MO
(City, town, or county) (State or foreign country)

14. Maiden name Elgie Bell Smith

15. Birthplace Deepwater, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James Elliott

(b) Address Clinton MO 64505

17. (a) Burial (b) Date thereof 8-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smiths Burial Center

18. (a) Signature of funeral director John Smith

(b) Address Deepwater, Mo

19. (a) 8-20-46 (b) M. R. Kermey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 42
(c) City or town Deepwater, MO 1
(If outside city or town limits, write "RURAL")

(d) Street No. Fairview Trp 0
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1946 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from July 20
1946 to Aug 17 1946

that I last saw him alive on Aug 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation Duration

(unable to take food & water)

Due to Senetic infection

Due to Premature

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature Guest West (M.D. or D.O.) 19-46

Address Aug 18, Clinton Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

RE
Dir

under No. 76
7-46-883

Date Filed

8-20-46

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.....

Licensed Embalmer No. 2782

P. O. Address Des Moines, 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.