

S. No. 2
OM-2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33328

State File No. _____
Registrar's No. 99

Registration District No. 133

Primary Registration District No. 3022

1. PLACE OF DEATH:

(a) County Harrison

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 17 Days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Daviess 31

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

(d) Street No. _____ (If rural, give location) _____

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry Fane Elliott

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race D

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

6. (b) Name of husband or wife Alva E. Elliott

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb 2 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer & Stockman

11. Industry or business _____

12. Name William Elliott

13. Birthplace KY
(City, town, or county) (State or foreign country)

14. Maiden name Lizbeth Peak

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

16. (a) Informant Mr Alva Elliott

(b) Address Pattonsburg MO

17. (a) Burial (b) Date thereof 9 29 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pattonsburg D.O.F.

18. (a) Signature of funeral director Ed Bromer

(b) Address Pattonsburg MO

19. (a) Oct 3-46 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27 year 1946 hour 9:30 minute a M.

21. I hereby certify that I attended the deceased from September 9, 1946, to September 27, 1946, that I last saw him alive on September 26, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach Duration 8 mo

Due to _____

Due to _____

Other conditions metastasis to liver and lymph nodes
(Includes pregnancy within 3 months of death)

Major findings no operations

Of operations _____

Of autopsy no 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 D

23. Signature R. E. Drumm, M.D. (M. D. or other) _____

Address Bethany, Missouri Date signed 29 Sep 46

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

32150

116

JAN 29 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *E. S. Granger*.....

Licensed Embalmer No. *2857*.....

P. O. Address *Pattonburg 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.