V. S. No. 2
00M—5-43
Rev. 5-17-39
I X35671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37687

Registration District No. 198 Primary Registration District No. 4310 Registrar's No. 15

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Bevier
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon 61
(c) City or town Bevier 1
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? – (Yes or No)
If yes, name country –

3. (a) PRINT FULL NAME Jesse S. 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 widowed
6. (b) Name of husband or wife –
6. (c) Age of husband or wife if alive – years
7. Birth date of deceased 4 – (Month) 5 – (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	7	0	___ hr. ___ min.

9. Birthplace Stacton (City, town, or county) N. Y. 1 (State or foreign country)
10. Usual occupation Coal Miner & Carpenter
11. Industry or business
FATHER
12. Name William Elliott
13. Birthplace (City, town, or county) N. Y. 1 (State or foreign country)
MOTHER
14. Maiden name Josephine Munger
15. Birthplace (City, town, or county) N. Y. 1 (State or foreign country)
16. (a) Informant Dolly Cunningham
(b) Address Bevier Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cemetery
18. (a) Signature of funeral director H. G. Edwards
(b) Address Bevier Mo
19. (a) 11-12-46 (Date received local registrar) (b) Winnie L. Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5 year 1946 hour 10 minute 20 p M.
21. I hereby certify that I attended the deceased from Sept. 25, 1946 to Nov. 5, 1946 that I last saw him alive on Nov. 5, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	3 days
Due to Arteriosclerosis	?
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy 930

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) No
(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 Dr E. L. Weidlich (M.D. or other)
Address Bevier, Mo Date signed 11/12/46

1284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-2084
Date Filed NOV 22 1948

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 H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.