

FILED FEB 5 1947

Registration District No. 277

Primary Registration District No. 4548

Registrar's No. 9

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

1. PLACE OF DEATH

(a) County Worth
(b) City or town Grant City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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 Perry Claud Elliott

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

4. Sex M Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cora Elliott 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec 25 - 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Allendale Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business

MOTHER FATHER
12. Name William A Elliott
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cora Lee Williamson
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Cora Elliott
(b) Address Worth Mo

17. (a) Burial (b) Date thereof Jan 24 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allendale Mo

18. (a) Signature of funeral director John Andrews

(b) Address Grant City Mo

19. (a) 1-23-47 (b) Leta E Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town Worth - Rural
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1947 hour 21 minute 50 P.M.

21. I hereby certify that I attended the deceased from.....
....., 19..... to 21 January, 1947;
that I last saw him alive on 21 January, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death fracture of Cervical Vertebrae

Due to Automobile Accident

Due to Death instantaneous

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1710 1/4
Of autopsy 1/2

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 113

(b) Date of occurrence 21 January 1947

(c) Where did injury occur? Embankment of Grant City, Worth Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway 169, 3 mi north of Grant City
While at work? No (Specify type of place) (e) Means of injury Auto accident

23. Signature Frank B. Matworn (M. D. or other)
Address Grant City, Mo Date signed 24 Jan 47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

John Andrews....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John Andrews*.....

Licensed Embalmer No..... *4211*.....

P. O. Address..... *Grant 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.