

No. 2  
I-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12588  
State File No.  
Registrar's No. 537

Registration District No. 42

Primary Registration District No. 5134

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Rural Washington Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. #1 St. Joseph, Mo. Picket road.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #1 St. Joseph, Mo. Picket Road.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Herbert Emmett Elliott

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male  
5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 19 1868  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 28  
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Joseph T. Elliott

13. Birthplace Clinton County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Jeanette Walker

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

16. (a) Informant Family Bible

(b) Address At Home Place- Place of death

17. (a) Burial (b) Date thereof Apr. 20, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Plattsburg, Mo. Green Lawn Cem.

18. (a) Signature of funeral director Walter Meischerhoffer

(b) Address 1246 Colhoun St., St. Joseph, Mo.

19. (a) April 19, 1947 (b) E. G. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April I day 17  
year 1947 hour I minute P. M.

21. I hereby certify that I attended the deceased from April 17, 1947, to April 17, 1947, that I last saw him alive on April 17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations A4X

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

23. Signature P. W. Tadlock Coroner  
(M. D. or other)

Address KING HILL BLDG Date signed 4/17/47

582

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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

MOTHER FATHER

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**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.....

*Albert J. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.**