

FILED AUG 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23866**

Registration District No. **21E**

Primary Registration District No. **4183**

Registrar's No. **77**

1. PLACE OF DEATH:

(a) County **Pacific** **Franklin** Mo State **Mo**
(b) City or town **Pacific** (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 **25 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) County **Pacific** **Franklin** 36 Mo State **Mo**
(b) City or town **Pacific** 2 (If outside city or town limits, write "RURAL")
(c) Street No. **0** (If rural, give location)
(d) Citizen of foreign country? **no** (Yes or No)
If yes, name country **--**

3. (a) PRINT FULL NAME **ANNIE Cendellia ELLIOTT**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Geo. N. Elliott** 6. (c) Age of husband or wife if alive **--** years
7. Birth date of deceased **Febr. 1880** **7th.** (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	5	3	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Own home**

MOTHER FATHER { 12. Name **Nathaniel Gibbs**
13. Birthplace **Virginia** (City, town, or county) (State or foreign country)
14. Maiden name **Margaret McCravin**
15. Birthplace **Ark.** (City, town, or county) (State or foreign country)

16. (a) Informant **Jessie Priess**
(b) Address **Pacific, Mo.**

17. (a) **Burial** (b) Date thereof **7/12/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Hope, Mo.**

18. (a) Signature of funeral director **Jos. L. Thebes**
(b) Address **Pacific, Mo.**

19. (a) **7/12/47** (b) **Mary B. Grosse**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10** year **1947** hour **7:30A.** minute **M.**

21. I hereby certify that I attended the deceased from **June 29** 1947 to **July 10** 1947; that I last saw her alive on **July 9** 1947 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart disease** **Pericarditis** Duration
Due to **Ch. Myocarditis**
Due to **Nephritis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **935** Of autopsy **935** PHYSICIAN

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? _____

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

23. Signature **J. L. Thebes** (M. D. or other) **MD**
Address **W. 1st St. Pacific, Mo.** Date signed **7/12/47**

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-11-47

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 *Geo. L. Shields*

Licensed Embalmer No. *3008*

P. O. Address *Pacific 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.