S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 2109

Registration District No. 294 Primary Registration District No. 6006 Registrar's No. 33

**1. PLACE OF DEATH:**
(a) County Randolph
(b) City or town Cairo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community Entire Life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Randolph
(c) City or town Cairo (If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KATE ELLIOTT
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sid Elliott
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Sept. 4 1873 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 74 | 4 | 19 | hr. min. |

9. Birthplace Randolph Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George Summers
13. Birthplace Randolph Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Fannie Elliott
15. Birthplace Randolph Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Jim Musick
(b) Address Huntsville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville Mo
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo
19. (a) 1-25-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 23rd year 1948 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from Jan. 22, 1948 to Jan 23, 1948 that I last saw her alive on Jan. 23, 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Occlusion | 1 day |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

94 A

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Moberly Date signed 1-24 48

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 4 1950

AUG 7 1950

## 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 C. L. Hutton, Registered Apprentice No. 10, working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.**