

No. 2  
-12-45  
-17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13272  
15372  
Registrar's No. 8

Registration District No. 185 Primary Registration District No. 4301

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Meadville  
(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 \_\_\_\_\_ (Specify whether)  
In this community 10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Burton Elliott  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary A. Maxwell  
6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased September 23 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 7 1 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Farming

12. Name G. F. Elliott

13. Birthplace Isabelle County, Michigan  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Simms

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

16. (a) Informant Mrs. William B. Elliott

(b) Address Meadville, Missouri

17. (a) Burial (b) Date thereof 4-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri.

19. (a) 4/26/1948 (b) Chris A. Martin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Linn  
(c) City or town Meadville  
(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 APRIL day 24  
year 1948 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from JANUARY 28, 1948, to APRIL 23, 1948;  
that I last saw him alive on APRIL 23, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchial pneumonia  
myocardial failure  
Pulmonary edema  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 S. H. Hanson (M. D. or other) D.O.

Address Meadville Mo Date signed 4/24/48

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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 Elton Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, Missouri.....

**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.