FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 2 1948

Registration District No. 39

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22471

Primary Registration District No. 4095

Registrar's No. 129

1. PLACE OF DEATH:
(a) County Cass.
(b) City or town Drexel, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not in hospital. In own home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply. (Specify whether
In this community 41 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Cass. 19
(c) City or town Drexel.
(If outside city or town limits, write "RURAL")
(d) Street No. No Street Numbers.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Does not apply.

3. (a) PRINT FULL NAME SAMUEL HENRY ELLIOTT

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Male.

5. Color or race Whitr

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

6. (b) Name of husband or wife Minnie Stone.

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

7. Birth date of deceased August, (Month) 22nd, (Day) 1860. (Year)

8. AGE: Years 87 Months 11 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation Carpenter, Retired.

11. Industry or business General Carpentry.

FATHER
12. Name Samuel H. Elliott.
13. Birthplace Not Known. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary West,
15. Birthplace Not known. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eula Calkin,
(b) Address Drexel, Missouri.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7/23/48. (Month) (Day) (Year)
(c) Place: burial or cremation Sharon Cemetery.

18. (a) Signature of funeral director [signature]
(b) Address Drexel, Missouri.

19. (a) 7/23/48. (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July. day 22nd year 1948 hour 2h minute 20 A. M.

21. I hereby certify that I attended the deceased from found dead, 19..., to in bed, 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Pneumonia.	2 days
Due to Congestive Heart Failure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 O B Barger (M. D. ~~Coroner~~)
Address Harrisonville, Mo. Date signed 7/23/1948.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Coroner Cass Co.

WRITE PLAINLY—USING UNFADING BLACK INK

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~~ personal

~~Registered Apprentice No.~~

working under ~~my personal supervision~~

Signed [signature]

Licensed Embalmer No. 1950

P. O. Address Drexel, 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.