No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32873

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4099

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1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days)
In this community: 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Graham
(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:

3. (a) PRINT FULL NAME: Edgar Elliott

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mary Elliott

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: July (Month) 12 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
54	2	26	hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: Farming for Self

FATHER
12. Name: Jefferson D. Elliott
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Susan Dodge
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mary Elliott
(b) Address: Graham, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethany, Penn.

18. (a) Signature of funeral director: G. M. Atchison
(b) Address: Maryville, Missouri

19. (a) 10-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 year 1948 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from October 2, 1948, to October 8, 1948, that I last saw him alive on October 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to: Cerebral vascular accident	
Due to: Arteriosclerosis and hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: James A. Di Renna (M. D. or other) D.O
Address: 929 Bryant Bldg. Date signed: 10-8-48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

WRITE PLAINLY—USE UP

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming for self

FATHER
12. Name Jefferson D. Elliott
13. Birthplace Jefferson Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Dodge
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Elliott
(b) Address Jeffersonville Mo

17. (a) Burial (b) Date thereof 10-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem

18. (a) Signature of funeral director G. M. Atkinson
(b) Address Monroe City Mo

19. (a) 10-8-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature Dr James A. Di Renna (M. D. or other) D.O.
Address 929 Bryant Building Date signed 10-8-48.

(Licensed Embalmer's Statement on Reverse Side)

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 Laurence J. Thompson, Registered Apprentice No. 2466, working under my personal supervision.

Signed G M Atkinson

Licensed Embalmer No. 2279

P. O. Address Mongville 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.