

FILED DEC 20 1948

Registration District No. 201

Primary Registration District No. 5734

State File No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Macon
 (b) City or town Bevier mo RR 1
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Independence Hosp (Rural)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community about 2 yrs _____
years, months or days

3. (a) PRINT FULL NAME Laura Elliott

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Albert R. Elliott 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased Feb-25-1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 7
hr. min.

9. Birthplace Stewart Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House wife
 11. Industry or business lived on farm
 12. Name Joseph Harschlager
 13. Birthplace Ia
(City, town, or county) (State or foreign country)
 14. Maiden name Jane Darnell
 15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Albert R Elliott

(b) Address Bevier mo

17. (a) Milam Chaffin of Date thereof DEC 4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director H. M. Gaddis

(b) Address Atlanta mo

19. (a) 12-8-48 (b) Mr. O. B. Griffin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macomb
 (c) City or town Bevier RR #1
(If outside city or town limits, write "RURAL")
 (d) Street No. Independence Hosp-Rural
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2
 year 1948 hour 4 minute 30.9

21. I hereby certify that I attended the deceased from 12-1-48
 _____, 19____, to 12-2-48
 _____, 19____
 that I last saw her alive on 12-2
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion 24 hrs
Duration

Due to arteriosclerosis

Due to 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? ✓

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

23. Signature M. O. Dur (M. D. or other) MD
 Address Macon mo Date signed 12-4-48

RECEIVED

District Health Officer No. 10

District File Number 12-48-2154

Date Filed DEC 18 1948

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 A. M. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta Ga

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.