

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 4560 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn. Grove	
c. LENGTH OF STAY (In this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Millard Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) Marilla b. (Middle) Marriah c. (Last) Elliot			4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH 7-1-1866		9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Days 8 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Edgewood, Iowa	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Hiram Steele		13b. MOTHER'S MAIDEN NAME Ester (Unknown)		14. NAME OF HUSBAND OR WIFE Uktaus G. Elliot (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Geo. J. Elliot, 230 S. Main, Norwood, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (was under Dr. treatment for enlarged and fatty heart) DUE TO (c)		21. DATE OF OPERATION None	

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 78%		21. HOW DID INJURY OCCUR?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas J. Hauldin, Coroner		23b. ADDRESS P.O. Box 136, Norwood, Mo.		23c. DATE SIGNED 1/10/1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/11/1949		24c. NAME OF CEMETERY OR CREMATORY Edgewood, Iowa	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. 1/11/49		REGISTRAR'S SIGNATURE Geo. J. Hauldin		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Thomas J. Hauldin, Norwood, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer, No. 87
District File Number 149-129
Date Filed 1-31-49

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, JOE BY

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas J. Hauldin

Licensed Embalmer No. 4317

P. O. Address NORWOOD, 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.