

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11852

State File No.

243
1

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3018 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Chay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chay 24</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>330 East 27th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>330 East 27th St. 1</u>		e. STREET ADDRESS (If rural, give location) <u>330 East 27th St. 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifton</u> b. (Middle) <u>Carpenter</u> c. (Last) <u>Elliott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb. 22, 1873</u>
9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Mail</u>	11. BIRTHPLACE (State or foreign country) <u>Chilton County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>James C. Elliott</u>	
13b. MOTHER'S MAIDEN NAME <u>Symoneth Knight</u>		14. NAME OF HUSBAND OR WIFE <u>FRANCES Elliott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Elliott</u>		ADDRESS <u>809 East 23rd North Kansas City, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary heart disease</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>48</u> , to <u>May 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Monday</u> , 19 <u>49</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Beulah F. White M.D.</u>		23b. ADDRESS <u>2025 S. W. 11th St. No. 11111, Mo. 64111</u>	
23c. DATE SIGNED <u>5/2/49</u>		24a. BURIAL CREMATION, NECROLOGICAL (Specify) <u>BURIAL</u>	
24b. DATE <u>5/4/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Chilton County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McComas Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>5/4-1949</u>		REGISTERAR'S SIGNATURE <u>Beulah Kitchin</u>	
ADDRESS <u>Smithville, Mo.</u>			

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

MAY 9 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-10-49

6761 I NMP

SWASH

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 AS

..... AS
working under my personal supervision.

Student Embalmer No. AS

Student AS
Student Embalmer

Signed W. J. Boggess

Licensed Embalmer No. 5940

P. O. Address Smithville, 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.