

S. No. 2
M-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22226**
Registrar's No. **214**

FILED JUL 11 1944

Registration District No. **274** Primary Registration District No. **5927**

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

1. PLACE OF DEATH:

(a) County **Pettis**

(b) City or town **Rt. #2, Windsor, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Jul 11**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **40 years**
(Specify whether years, months or days)

In this community **40 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **William West Elliott**

3. (b) If veteran, name war: **• •**

3. (c) Social Security No. **No.**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Nellie Smith**

6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **February 29, 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	3	12	_____ hr. _____ min.

9. Birthplace **Windsor, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

MOTHER FATHER { 12. Name **Joseph C. Elliott**

13. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Wickham**

15. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wm. W. Elliott**

(b) Address **Windsor, Mo.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **June 11, '44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Mo.**

18. (a) Signature of funeral director **Huston Tress**

(b) Address **Windsor, Mo.**

19. (a) **June 30 1944**
(Date received local registrar)

(b) **Wm. Lewis Berger**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**

(c) City or town **Rural--Windsor**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rt. #2, Greenridge lwn.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10th**
year **1944** hour **3** minute **0** a.m.

21. I hereby certify that I attended the deceased from **4/8/44**
_____, 19____, to **6/9/44**, 19____.

that I last saw him alive on **6/9/44**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure**

Due to **Hyrertention**

Due to _____

Other conditions **Cerebral Hemorrhage**
(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)

(e) Means of injury _____

23. Signature **Wm. Lewis Berger** (M. D. or other) **DD**

Address **Windsor, Mo.** Date signed **6-19-44**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-10-44.....

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 Eldell Hester.....

Licensed Embalmer No. 3391.....

P. O. Address Windsor, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER IN 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.