

No. 2  
-2-43  
5-17-39  
X35697

FILED OCT 11 1946

Primary Registration District No. 3023

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clinton General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 4  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10 Mi. S. E. of Clinton  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Samuel E Elliott

(b) If veteran, name war ✓

(c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Sept 22 1870  
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Henry Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Samuel Elliott Sr

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Flora B Elliott

(b) Address Clinton MO

17. (a) burial (b) Date thereof 10-1-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cogswood cem.

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton MO

19. (a) 10-1-46 (b) R R Benny  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28  
year 1946 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 10 1945 to Sept 28 1946;  
that I last saw him alive on Sept 28 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death, Postural Bradycardia (Stokes-Adams syndrome) Duration 1 year  
Due to Chronic myocarditis unknown

Due to Hypertensive Cardio-vascular disease unknown

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN \_\_\_\_\_  
Of operations none  
Of autopsy none  
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) no

(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 no

23. Signature S. G. Hughes (M. D. or other) MD

Address Clinton, Mo. Date signed 10/1/46

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

MOTHER FATHER

RECEIVED

Dist. Health Officer No. 7,

Case No. 9-46-1014

Date Recd. 10-9-46

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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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton M

**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.**