

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17621

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
 (b) Township Law Primary Registration District No. 1902 Registered No. 2023
 (c) City Kansas City 1 (d) Street No. 123 So. Kensington St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

430 Mr. Garnet Eugene Elliott
 (a) Residence, No. 123 S. Kensington St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie M. Elliott

22. I HEREBY CERTIFY, That I attended deceased from 2/15, 1939, to 5/12, 1939.
 I last saw him alive on May 6, 1939. Death is said to have occurred on the date stated above, at 7:45 P.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-15-1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 6 28

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sailor
 9. Industry or business in which work was done, as saw mill, bank, etc. BOOKMAN, ELLIOTT
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 34

ruptured aortic aneurysm
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis
Indiana

Other contributory causes of importance: arterio-sclerotic heart disease

FATHER 13. NAME Perry J. Elliott
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

Name of operation..... Date of.....
 What test confirmed diagnosis? May Lab Was there an autopsy? no

MOTHER 15. MAIDEN NAME UNKNOWN REED
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. Bessie Elliott
123 So. Kensington

Manner of injury.....
 Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE MAY-15, 1939

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) Robert J. McPherson, M. D.
 (Address) 170 Professional Bldg.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. McCombs
Funeral Home + Gales
 20. FILED May 15, 1939 M. M. Crome
 Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11-22
Wright

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address

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, above space should be left blank.