V. S. No. 2
DM—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5956

Registration District No. FILED MAR 18 1940

Primary Registration District No. 1001

Registrar's No. 157

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

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MO-METH-HOSPITAL. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO — (b) County BUCHANAN

(c) City or town RURAL (If outside city or town limits, write "RURAL")

(d) Street No. MAXWELL HEIGHTS (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARGARET H. ELLIOTT

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHT

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband ~~or wife~~ WILLIAM-S-ELLIOTT

6. (c) Age of husband ~~or wife if~~ alive 62 years

7. Birth date of deceased OCT (Month) 1 (Day) 1878 (Year)

8. AGE: Years 61 Months 4 Days 11 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name Isaac Schrick, Newark N.J.
13. Birthplace Newark N.J. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Close
15. Birthplace New Orleans, La. (City, town, or county) (State or foreign country)

16. (a) Informant Benny Williams
(b) Address St Joseph Mo

17. (a) Burial Pk. Cem (Burial, cremation, or removal) (b) Date thereof 2-14-40 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Memorial Pk. Cem

18. (a) Signature of funeral director Roy Stamey
(b) Address St Joseph Mo

19. (a) Feb 13 1940 (Date received local registrar) (b) A.J. Nestlebush (Registrar's signature) sa

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 12 year 1940 hour 8:30 minute a M.

21. I hereby certify that I attended the deceased from 2/8/ 1940 to 2/12 1940 that I last saw her alive on 2/12/ 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	2 min
Due to Thrombosis Left Iliac vein	?
Due to Transcervical fracture Left Hip	4 da
Other conditions (Include pregnancy within 3 months of death) none	

Major findings: Of operations Operation not begun

Of autopsy as above

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) accident
(b) Date of occurrence 2/8/40
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home - yard (Specify type of place)
~~While~~ at work? yes (e) Means of injury Fell

23. Signature Jacob Kulowski (M. D. ~~or other~~)
Address St. Joseph, Mo. Date signed 2/12/40

(Licensed Embalmer's Statement on Reverse Side)

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 John H. Hurley, Registered Apprentice No. ..... working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address 2328 S. Joseph A

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.