

No. 2  
11-10-39  
-17-39  
I X21492

State File No. \_\_\_\_\_

Registration District No. 418

Primary Registration District No. 5572

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Asbury, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Asbury, Mo. 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME CHARLES WILLIAM ELLIOTT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Feb. 13 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 11 17 hr. min.

9. Birthplace Brown County, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

12. Name William Edwin Elliott

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

14. Maiden name Maria Elliott

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

16. (a) Informant Newt Elliott  
(b) Address Asbury, Mo.

17. (a) Burial (b) Date thereof Feb. 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waco Cemetery - Waco, Mo.

18. (a) Signature of funeral director Raney Federal Service  
(b) Address Carl Junction, Mo.  
19. (a) Feb. 26 '41 (b) Fern Hopkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30th  
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from May, 1939, to Jan 30, 1941  
that I last saw him alive on Jan 30, 1941, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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?  
945 While at work? \_\_\_\_\_  
(Specify type of place) (Means of injury)

23. Signature J. H. Harrison (M. D. or other) 9  
Address Asbury Date signed 1-31-41

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

41-5-411

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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 Rollins Krott

Licensed Embalmer No. 3685

P. O. Address Carl Junction, 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, above space should be left blank.**