

Registration District No. 378

Primary Registration District No. 5320

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Lewis Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 32 years
years, months or days

3. (a) PRINT FULLNAME George Washington 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 Widowed

6. (b) Name of husband or wife Laura Agnes Gordon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 21st, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 1 12 hr. _____ min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Frank Elliott 9

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 Mrs. Oscar Jones

(b) Address Forest City, Missouri

17. (a) Burial (b) Date thereof Nov. 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton Cemetery, Forest City, Missouri

18. (e) Signature of funeral director Oregon, Missouri

19. (a) 11-5-41 (b) Pat Chandler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 48

(c) City or town Forest City, Missouri - Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) D

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd, year 1941 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from 8 A.M. Nov 3, 1941 to 8 P.M., 1941; that I last saw h.i.m. alive on Nov. 3, 8 A.M., 1941; and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY EM BOLISM.

Due to ARTERIO SCLEROSIS 2 yrs.

Due to POLY ARTHRITIS

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: none 94a

Of operations _____

Of autopsy none

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) none

(b) Date of occurrence none

(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 fall

23. Signature Dr. H.E. Colkin (M.D. or other) D.O.

Address Forest City, Missouri Date signed Nov 5, 41

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

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

James H. Pettigall

Licensed Embalmer No. **3192**

P. O. Address **Oregon, Missouri**

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.