S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41798

Registration District No. DEC 29 1941 295

Primary Registration District No. 4179

Registrar's No. 50

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1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan, Missouri, Tnm.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home
(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 Franklin

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

(d) Street No. ____
(If rural, give location)

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

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3. (a) PRINT FULL NAME Frances Louise Elliott,

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Arthur B.Elliott

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

7. Birth date of deceased Nov. 28th. 1888,
(Month) (Day) (Year)

8. AGE: Years 52 | Months II | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Liberty, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business ____

FATHER
12. Name Charles Galbraith,
13. Birthplace Kingston Jamaica, X
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Florence Nash,
15. Birthplace Parkville, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur B.Elliott,
(b) Address Sullivan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II-20-1941
(Month) (Day) (Year)
(c) Place: burial or cremation Parkville, Mo.

18. (a) Signature of funeral director J. T. Williams
(b) Address Sullivan, Mo.

19. (a) 11-19-41 (Date received local registrar) (b) C A Proctor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th.
year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept, 1940, to Nov 17, 1941;
that I last saw her alive on Nov 17, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage 2nd	2 days
Due to Hypertension Chronic	
Due to 1st Cerebral hemorrhage	14 Mos
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None 83a

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury 0

23. Signature C A Proctor (M. D. ~~or other~~)
Address Sullivan Mo Date signed 11-19-41

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. T. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, 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, fact should be so stated above.