. S. No. 2
OM—5-42
v. 5-17-39
P 1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6, 1943

Registration District No. ____

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14782

Primary Registration District No. 3040

Registrar's No. 42

59 / 2

1. PLACE OF DEATH:

(a) County: Livingston

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

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

(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)

In this community: 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Livingston

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

(d) Street No.: 126 Herriford Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ____

3. (a) PRINT FULL NAME: George Winfield Elliott

3. (b) If veteran, name war: ____

3. (c) Social Security No. 491-24-5766

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Nora Elliott

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: Dec. (Month) 16 (Day) 1879 (Year)

8. AGE: Years 63 | Months 3 | Days 17 | If less than one day: ____ hr. ____ min.

9. Birthplace: Macon County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Restaurant Operator

11. Industry or business: " "

FATHER

12. Name: George D. Elliott

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

MOTHER

14. Maiden name: Emily Taylor

15. Birthplace: Macon County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs Nora Elliott

(b) Address: Chillicothe, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-6-'43 (Month) (Day) (Year)

(c) Place: burial or cremation: Edgewood Cemetery

18. (a) Signature of funeral director: F. B. Norman Co.

(b) Address: Chillicothe, Missouri.

19. (a) April 6 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd. year 1943 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 1, 1943, to April 3, 1943; that I last saw him alive on April 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Perforated gastric ulcer — Duration: 2 days

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): None

Major findings:
Of operations: ____
Of autopsy: Perforated gastric ulcer

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: ____

23. Signature: R. J. Brennan (M. D. or other)

Address: Chillicothe, Mo. Date signed: 4/3/43

658 (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 E. R. Norman, Registered Apprentice No. _____, working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.