

FILED OCT 13 1944

279

Primary Registration District No. 5956

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community 81 years
 years, months or days)

3. (a) PRINT FULL NAME

John J. Elliott

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Welda Elliott

6. (c) Age of husband or wife if alive yes years 1863

7. Birth date of deceased: Oct (Month)

20 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>11</u>	<u>6</u>	hr. min.

9. Birthplace

Pike Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation

Farming

11. Industry or business

MOTHER FATHER

12. Name Wm Boone Elliott

13. Birthplace Pike Co. Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Pauline Limerick

15. Birthplace Pike Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Welda Elliott

(b) Address Clarksville Mo

17. (a) Burial (b) Date thereof Sept 28 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksville Cemetery

18. (a) Signature of funeral director Hoch-Hawe Co.

(b) Address Eolia Mo

19. (a) Sept 27 1944 (b) B.M. Good (c) Sept
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1944 hour 9 AM minute — M.

21. I hereby certify that I attended the deceased from Sept 20 to Sept 26 that I last saw him alive on Sept 25 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage

Duration

6 days

Due to General arterio-sclerosis

Due to Age

Other conditions: 8301
 (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature: E.M. Bartlett (M. D. or other)
 Address: Clarksville Mo Date signed: 9/27/44

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

1364

APR 17 1945
RECEIVED
District Health Officer No. 10
District File Number 10-147-1052
Date Filed OCT 11 1944

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 Norman E. Gosch
Licensed Embalmer No. 2342
P. O. Address Esolia 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.