

S. No. 2
 OM-5-43
 v. 5-17-39
 I X36571

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1343**
 Registrar's No. **160**

FILED JAN 31 1948

Registration District No. _____ Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson,**
Kansas City,
 (b) City or town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4141 Campbell
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no.** (Specify whether
40 years
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson, 48**
 (c) City or town **Kansas City** **2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4141 Campbell** **8**
 (If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No) **0**
 If yes, name country **X**

3. (a) PRINT FULL NAME **Thomas Knox Elliott**
3. (b) If veteran, name war **no.** **3. (c) Social Security** No. **no.**
4. Sex **male** **5. Color or** **white** **6. (a) Single, widowed, married,** **Widowed,**
race **divorced**
6. (b) Name of husband or wife **Mrs. Lillian R. Elliott** **6. (c) Age of husband or wife if** **dec.** years
7. Birth date of deceased **September 13 1863**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **10**
 year **1946** hour **5:55** minute **P** M.
21. I hereby certify that I attended the deceased from **Jan 4** 1946, to **Jan 13** 1946
 that I last saw him alive on **Jan 13** 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years **82** Months **3** Days **28** If less than one day
 hr. **27** min.

Immediate cause of death
Chronic Myocarditis
Arteriosclerosis
 Duration **1 year**
10 years

9. Birthplace: **Illinois** (City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **93d**

10. Usual occupation: **Retired**

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business: **Banking**
12. Name: **Thomas C. Elliott**
13. Birthplace: **Ohio** (City, town, or county) (State or foreign country)
14. Maiden name: **unknown**
15. Birthplace: **unknown** (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant: **Miss Lillian Elliott**
(b) Address: **4141 Campbell, Kansas City, Mo.**
17. (a) removal (Burial, cremation, or removal) **(b) Date thereof:** **1-12-46** (Month) (Day) (Year)
(c) Place: burial or cremation: **Corning, Iowa,**

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?: _____

18. (a) Signature of funeral director: **Stine & McClure,**
(b) Address: **3235 Gillham Plaza, K. C., Mo.**
19. (a) 1-11-46 (Date received local registrar) **(b) J. Staldine Holmes** (Registrar's signature)

While at work? _____ (Specify type of place) **(c) Means of injury:** _____
23. Signature: **W. B. ...** (M. D. or other) **0**
Address: **1237 E. ...** **Date signed:** **4/1/46**

Dr. C. W. Rose

103 N.

Edinburgh

1-30

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address 15 C 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.