

DEPARTMENT OF COMMERCE, BUREAU OF THE CENSUS, THE STATE BOARD OF HEALTH OF MISSOURI, STANDARD CERTIFICATE OF DEATH

State File No. 2479
Registrar's No. 2

FILED FEB 15 1946
Registration District No. 74

Primary Registration District No. 5296

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

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Rural - Hardin town
(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. 78 yrs
In this community 78 yrs
years, months or days

3. (a) PRINT FULL NAME ARCHIBALD ELLIOTT
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mattie Johnson
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Mar 6 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 28
If less than one day hr. min.

9. Birthplace Clinton Co. Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William B. Elliott

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Jane Gallaway

15. Birthplace Holt Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lou Bulver
(b) Address Plattsburg Mo

17. (a) Rural (b) Date thereof 1-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green lawn cemetery

18. (a) Signature of funeral director James L. Martin
(b) Address Plattsburg

19. (a) (Date received local registrar) (b) James L. Martin
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton 25
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Hardin township
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) ?
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 4
year 1946 hour 5 minute 0 A. M.
21. I hereby certify that I attended the deceased from Oct 10
10, 1943, to Jan 4, 1946
that I last saw him alive on Sept 15, 1945
and that death occurred on the date and how stated above.

Immediate cause of death Myocarditis
Duration 15 Mo

Due to
Due to

Other conditions Hypertension
(Include pregnancy within months of death) 15 Mo

Major findings: Of operations none

Of autopsy none 938

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) (e) Means of injury

23. Signature W. Bulver (M. D. or other)

Address Plattsburg Mo Date signed Jan 4-46

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 L. Martin
Licensed Embalmer No. 4303
P. O. Address Platteburg

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.