

FILED MAY 13 1946

State File No. 12519

Registration District No. 59

Primary Registration District No. 4097-5224

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural ~~St. Louis River~~ ^{Harding Conv. Home}
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Harding Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Weeks
In this community 65 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Lee's Summit /
(If outside city or town limits, write "RURAL")
(d) Street No. 213 Grand Ave. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Norma Belle Elliott

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife T.S. Elliott 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased June 3, 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 27 If less than one day
hr. min.

9. Birthplace Marion Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business III

MOTHER FATHER { 12. Name P. S. Dickhout /
13. Birthplace Pa. /
(City, town, or county) (State or foreign country)

14. Maiden name Unknown /
IIIIIIII

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jesse Craig
(b) Address Harrisonville Mo.

17. (a) Burial (b) Date thereof May 2 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit Mo.

18. (a) Signature of funeral director H. B. Langford
(b) Address Lee's Summit Mo.

19. (a) May 2 1946 (b) Rosa J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1946 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 20 to Apr 30, 1946
that I last saw her alive on Apr 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the Cervix
Due to: General Debility

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations 48
Of autopsy _____

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 1

23. Signature Frank Jones (M. D. or other) _____
Address Harrisonville Mo. Date signed 5/1/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

W. B. Langford

Licensed Embalmer No. *3833*

P. O. Address *Leis Summit*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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Registration District No. 59

Primary Registration District No. 5224

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1. PLACE OF DEATH:

(a) County Osage
(b) City or town Rural Grand River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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)

3. (a) PRINT FULL NAME Norma B. Elliott

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) Street _____ (b) County _____

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 30
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____
(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 _____ (M. D. or other) _____

Date signed _____

SUPPLEMENTARY

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

12519