S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 18 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22654

Registration District No. 24 Primary Registration District No. 4035 Registrar's No.

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Rockville Mo 7
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Grace C. Eliott

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex fem

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife John Eliot

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

7. Birth date of deceased July (Month) 5 (Day) 1871 (Year)

8. AGE: Years 74 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation House Keeping

11. Industry or business

FATHER
12. Name Calvin C. Caplinger
13. Birthplace (City, town, or county) Va (State or foreign country) 1

MOTHER
14. Maiden name Belle Wilson
15. Birthplace (City, town, or county) Va (State or foreign country) 1

16. (a) Informant Harley Lough
(b) Address Rockville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 4 (Day) 1946 (Year)
(c) Place: burial or cremation Tabernville Mo

18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo

19. (a) July 4, 1946 (Date received local registrar) (b) Mrs. Wilbert Steiner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1946 hour 7 minute 55 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Killed by Railway train disembowered several prices

Due to accidental

Due to Mo Katy Texas freight going south

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

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) accidental 007

(b) Date of occurrence July 3-1946

(c) Where did injury occur? Rockville Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public R.R. Crossing (Specify type of place)

While at work? (e) Means of injury ?

23. Signature John G. Hindenwood Coroner (M. D. or other)

Address Butler Mo Date signed 7-3-46

(Licensed Embalmer's Statement on Reverse Side)

Date 6-46-747

Date Filed 7-19-46

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 not Embalm

, Registered Apprentice No. ,

working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.