

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 1 1946

STANDARD CERTIFICATE OF DEATH

2722988

State File No.

Registration District No. 59

Primary Registration District No. 4095

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Cass.
 (b) City or town Drexel, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Not in hospital. At home.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. Does not apply.
 (Specify whether
 In this community 17 Years.
 years, months or days)

3. (a) PRINT FULL NAME FRANCIS McLANE ELLIOTT

3. (b) If veteran, name war None.
 3. (c) Social Security No. 495-07-0028

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife. Jessie Hill Elliott. 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased. October 2, 1877.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 17 hr. min.

9. Birthplace Miami County Kansas.
 (City, town, or county) (State or foreign country)

10. Usual occupation Grain Dealer, Farm owner.11. Industry or business Grain Elevator.

MOTHER FATHER
 12. Name John Elliott,
 13. Birthplace Ireland.
 (City, town, or county) (State or foreign country)
 14. Maiden name Ann McClintock,
 15. Birthplace Ireland.
 (City, town, or county) (State or foreign country)

16. (a) Informant Harold F. Elliott,(b) Address Drexel, Missouri.

17. (a) Burial (b) Date thereof 7/21/1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami Cemetery, Kans.18. (a) Signature of funeral director [Signature](b) Address Drexel, Missouri.

19. (a) 7/20/46. (b) Diana J. Jones
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
 (c) City or town Drexel
 (If outside city or town limits, write "RURAL")
 (d) Street No. Second and Maple Streets.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country Does not apply.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
 year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 5, 1946, to July 18, 1946
 that I last saw him alive on July 18, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Intestinal Nephritis Duration 8-10y.5

Due to

Due to

Other conditions Terminal Haemia 24 hrs
 (Include pregnancy within 3 months of death)
Anemia

Major findings: 13/0

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?

(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 Paul A. [Signature] (M. D. or other)Address Drexel Mo Date signed 7/20/46

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 *personally*

....., Registered Apprentice No.

~~working under my personal supervision.~~

Signed.....

[Signature]
.....
Licensed Embalmer No. *1950*

P. O. Address. *Drexel, 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.