

FILED SEP 10 1946

Registration District No. 764

Primary Registration District No. 2032

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Warrensburg Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months
(Specify whether
In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt#2 Warrensburg, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary McClean Elliott

3. (b) If veteran, name war None
3. (c) Social Security No. None

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

6. (b) Name of husband or wife J. B. Elliott
6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased August 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months _____ Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business None Stated

12. Name William Mc Clean

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

14. Maiden name Mary Jane Robinson

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

16. (a) Informant Ernie Mc Clean

(b) Address Rt#2 Warrensburg, Missouri

17. (a) Burial (b) Date thereof 8/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Warrensburg, Mo.

18. (a) Signature of funeral director J. H. Kilgus
(b) Address Warrensburg, Missouri

19. (a) Aug 20 46 (b) Ernie Mc Clean
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1946 hour 1: minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 45 to 8 19 46
that I last saw him alive on 8-19-46
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis
Duration 6 mo

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 97

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 0

23. Signature Wheeler (M. Doctor) _____
Address Warrensburg, Mo. Date signed 8-21-46

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

2003.72

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2
2

141

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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.....

E. B. Cant

Licensed Embalmer No.....

405-9

P. O. Address.....

Holden, 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.