

FILED JAN 12 1948  
Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 1547

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1907 Jones  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 65 years (Specify whether years, months or days)  
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1907 Jones  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME Dollie Finch Elliott  
3. (b) If veteran, name war: No  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife J. Rice Elliott 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased: March 3 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 9 26 hr. min.

9. Birthplace: Near Gower Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: At home

11. Industry or business: At home

12. Name: Thomas N. Finch

13. Birthplace: Unknown No. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name: Katherine Spencer

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

16. (a) Informant: J. Rice Elliott  
(b) Address: St. Joseph, Mo.

17. (a) Burial (b) Date thereof: 12/31/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bethel Cemetery

18. (a) Signature of funeral director: Heaton - Bowman  
(b) Address: St. Joseph, Mo.

19. (a) 1-2-48 (b) H. C. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 29  
year 1947 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from Dec 10-47  
1947 to Dec 29 1947  
that I last saw her alive on Dec 10 1947  
and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death: Angina Pectoris 1 hr  
Coronary Thrombosis 1 hr

Due to: .....

Other conditions: .....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

23. Signature J. A. Elliott (M. D. or other) M.D.  
Address 2012 Francis, St. Joseph, Mo. Date signed 12-29-47

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

MOTHER FATHER

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.....  
*Wm Spalding*..... Registered Apprentice No. *28*  
working under my personal supervision.

Signed..... *Eugene Wood*.....  
Licensed Embalmer No. *5804*  
P. O. Address..... *319 So 10th St Joseph, 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.