. S. No. 2
JM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 26 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41654
Registrar's No. 5230

Registration District No. 149
Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1922 East 19th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 24 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1922 East 19th St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Hettie Elliott
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Elliott
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased August 18, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	3	21	hr. min.

9. Birthplace Ashdown, Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Louis Yarbor
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Liza Moon
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant George Elliott
(b) Address 1922 East 19th St.
17. (a) Burial (b) Date thereof 12/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Avenue
19. (a) 12-12-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1947 hour 8 minute A M.
21. I hereby certify that I attended the deceased from Mar. 20
19 47 to Dec. 9 1947;
that I last saw her alive on Dec. 9 19 47
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Breast	
Due to Metastatic Carcinoma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? Means of injury 0
23. Signature [signature] (M. D. or other)
Address 1830 Vine Date signed 12-12-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Bruce Riley, Registered Apprentice No. 511, working under my personal supervision.

Signed Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.