

FILED AUG 14 1948

Registration District No. 979

Primary Registration District No. 5378

Registrar's No. 45

1. PLACE OF DEATH

(a) County DeKalb
(b) City or town Union Star, Mo. Polk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 75 years (Specify whether years, months or days)3. (a) PRINT FULL NAME Paul P. Elliott

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Jan. 8, 1873
(Month) (Day) (Year)8. AGE: Years 75 Months 6 Days 20 If less than one day _____ hr. _____ min.9. Birthplace DeKalb County, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Hessiah Elliott
13. Birthplace Unknown North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Rushon
15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)16. (a) Informant's own signature John R. Elliott(b) Address Union Star, Mo.17. (a) Burial (b) Date thereof July 30, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Union Star, Mo.18. (a) Signature of funeral director Lucile M. Wilson(b) Address King City, Mo.19. (a) July 30, 1948 (b) R. Davidson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb 32(c) City or town Union Star, Mo 5
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1948 hour 4 minute 20 AM.21. I hereby certify that I attended the deceased from Jan 1, 1948 to July 28, 1948,
that I last saw him alive on July 26, 1948,
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration 3 dayDue to 2nd AttackDue to ArteriosclerosisOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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 _____23. Signature E. M. Reynolds (M. D. or other) _____Address Union Star, Mo Date signed 7-29-48

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..... *Lucile M. Wilson*

Licensed Embalmer No..... *2830*

P. O. Address..... *King City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.