

FILED NOV 12 1948

Registration District No. **64**

Primary Registration District No. **4109**

Registrar's No. **70**

1. PLACE OF DEATH:

(a) County **Chariton**

(b) City or town **Keytesville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **North End of Keytesville 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **All New York** (Specify whether years, months or days)

In this community **All New York** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Chariton 21**

(c) City or town **Keytesville**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **ELIAS ERASTUS ELLIOTT**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **2** nd year **1948** hour **9** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **Sept 1 - 1948** to **Nov 2, 1948** 19____ that I last saw him alive on **Nov 2, 1948** 19____ and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mary Jean Elliott** 6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **Aug 6, 1864**
(Month) (Day) (Year)

Immediate cause of death **Cancer of the liver**

Duration **6 mo**

8. AGE:

Years	Months	Days	If less than one day
84	2	26	br. _____ min.

9. Birthplace **Chariton County Mo. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **Distillery Business**

12. Name **Elias Elliott** **9**

13. Birthplace **Oran Missouri** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Butler** **9**

15. Birthplace **Oran Missouri** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jan Ball**

(b) Address **Keytesville Mo**

17. (a) **Burial** (b) Date thereof **Nov 4 1948**
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation **Keytesville**

18. (a) Signature of funeral director **J. H. + Co. Smith**

(b) Address **Keytesville Mo**

19. (a) **11/4/48** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **4/6**

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? _____ (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **DO**

Address **Keytesville Mo** Date signed **11-3-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

..... 11-10-48

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 H. O. Garnett

Licensed Embalmer No. 3046

P. O. Address Key West Fla

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.