S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 12 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39599

Registration District No. 65 — Primary Registration District No. 5250 — Registrar's No. 91

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

1. PLACE OF DEATH:
(a) County: Chariton
(b) City or town: Brunswick "Rural"
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Chariton 21
(c) City or town: Brunswick, "Rural" 3
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: CLARENCE W. ELLIOTT
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male 0
5. Color or race: White 3
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July 11th. 1878 (Month) (Day) (Year)

8. AGE: Years 70 | Months 5 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace: Brunswick, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farmwork

FATHER
12. Name: Wilson Elliott
13. Birthplace: Brunswick, Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Flora Vaught
15. Birthplace: Virginia 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Fred Davis
(b) Address: Kansas City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Brunswick, Missouri
18. (a) Signature of funeral director: L W Nelson
(b) Address: Brunswick, Missouri
19. (a) 12-14-48 (Date received local registrar) (b) Mildred Boone (Registrar's signature) 56

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1948 hour Don't Know minute ..... M.
21. I hereby certify that I attended the deceased from ..... , 19..., to ✓ , 19...;
that I last saw h..... alive on ✓ , 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Exposure and Probably Chilled to death	
Due to: Intoxication	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 190
Of autopsy: 19

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 21
(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? found dead w Born fol of His Home (Specify type of place)
While at work? ..... (e) Means of injury none 3
23. Signature: H. D. Garrett (Coroner) 3
Address: Key Traville Mo Date signed 12-12-48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-11-49

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 L M Mersil

Licensed Embalmer No. 823

P. O. Address Brunswick M

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.