

FILED DEC 26 1947

State File No.

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 118

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond
(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

3. (a) PRINT FULL NAME Elizabeth Elliott

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F Color or race C

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 13 1947
(Month) (Day) (Year)

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

9. Birthplace Richmond, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name Earl Elliott

13. Birthplace Swanwick, Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Eva ~~Elliott~~ Rogers

15. Birthplace Swanwick, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Earl Elliott

(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Thomas J. Carter

(b) Address Richmond, Mo.

19. (a) Dec 18 1947 (Date received local registrar) (b) Malcol Jackson (Registrar's signature) 273

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Richmond, Mo. (If outside city or town limits, write "RURAL") 1

(d) Street No. Maple Street (If rural, give location) 1

(e) Citizen of foreign country? ✓ (Yes or No) 1

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1947 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 12-13-47, 19____, to 12-17-47, 19____; that I last saw her alive on 12-17-47, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth (7-8 month)

Due to _____

Due to _____

Other conditions Imperforate Anus (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 Dr. J. J. ... (M. D. or D.D.S.)
Address Richmond, Mo. Date signed 12-1947

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-26-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.