

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

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond, Mo. RURAL
(c) Name of hospital or institution: None Richmond July
(If not in hospital or institution, write street number or location) None
(d) Length of stay: In hospital or institution All Her Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Knoxville, Mo. (RURAL)
(d) Street No. Rural (If outside city or town limits, write "RURAL")
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME HARRETT M. ELLIOTT
3. (b) If veteran, name war None 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April 22nd. day
year 1945 hour 4 minute A. M.

4. Sex Female 5. Color of race white 6. (a) Single, widowed, married, divorced widow
7. (b) Name of husband or wife Andrew D. Elliott Deceased & (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 31 st. 1856. (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 45 to 45 that I last saw him alive on ap 30 and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis Duration

8. AGE: Years 89 Months 2 Days 22 If less than one day hr. min.

Due to _____
Due to _____

9. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

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

10. Usual occupation House Keeper

Major findings: Of operations 930

11. Industry or business _____

Of autopsy _____

12. Name Oliver Williams

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Kittle Jackson (City, town, or county) (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant A. J. Elliott (b) Address Knoxville, Mo.

17. (a) Burial (b) Date thereof 4-24-45. (Month) (Day) (Year)
(Burial, cremation, or removal) Southpoint, Ouch Mo.

18. (a) Signature of funeral director Arthur Christy, H. Richmond Mo. (b) Address _____

19. (a) Apr 24 1945 (b) Mrs. Shaw Sheppard (Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to 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? _____

23. Signature E. J. Ray (Specify type of place) (e) Means of injury _____
Address Richmond Date 4-23-45

1280

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 5/12/45

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.

Brothers & Quest Funeral Home

Signed James Quest

Licensed Embalmer No. 1026 4096

P. O. Address Richmond, Mo.

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.