

FILED JUL 12 1945

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 36

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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County RAY

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

(d) Street No. No MAIN ST.
(If rural, give location)

(e) Citizen of foreign country?..... ! (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME HENRY LEE ELLIOTT

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 26^{1/2}, year 1945 hour 1 minute 35 P.M.

4. Sex Male 5. Color or race wh

6. (a) Single, widowed, married, divorced 2x

6. (b) Name of husband or wife Effie Elliott 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 22 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 20, 19..... to May 26, 19.....
that I last saw him alive on May 26, 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 10 Days X If less than one day..... hr. min.

Immediate cause of death Hemorrhage Duration 2 days

Due to Carcinoma of Stomach 1 year

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

Due to.....

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

10. Usual occupation Real Estate

Major findings: Of operations H&A

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name Arthur B. Elliott

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

14. Maiden name Effie

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

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?.....

16. (a) Informant Hobert L. Elliott

(b) Address Blue Springs Mo

17. (a) Burial (b) Date thereof 3-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation outpost cem.

18. (a) Signature of funeral director A. W. Mays (Specify type of place) While at work?..... (e) Means of injury DO

(b) Address Richmond Mo

19. (a) June 11 1945 (b) Mrs. Charles W. Shopp Signature Dr. E. Q. Kerans (M.D. or other) Address Richmond, Mo Date signed June 9, 1945

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7/11/45

Warrant

HEMILIT ELLIOT

*Warrant for
officer's
body*

7/10/45

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

working under my personal supervision.

*Warrant for
officer's
body*
7/10/45
*Warrant for
officer's
body*
7/10/45
*Warrant for
officer's
body*
7/10/45

Signed

Registered Apprentice No.

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.