

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18684

State File No.

FILED JUN 6 1944

Registration District No.

Primary Registration District No.

5046

Registrar's No.

177

1. PLACE OF DEATH:

- (a) County Monticau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Minnie Elizabeth Elliott

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Female

5. Color or race H

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

6. (b) Name of husband or wife Robert Elliott

6. (c) Age of husband or wife if alive 83 years

Birth date of deceased Feb 19 1867
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

81

2

20

hr.

min.

9. Birthplace

Monticau
(City, town, or county)

MO
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name Calvin Hill

13. Birthplace Monticau
(City, town, or county)

MO
(State or foreign country)

14. Maiden name Elizabeth

Ind
(State or foreign country)

15. Birthplace California
(City, town, or county)

16. (a) Informant J. R. Elliott

(b) Address California

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 5/12/44
(Month) (Day) (Year)

(c) Place: burial or cremation Masonic Home

18. (a) Signature of funeral director Paul Williams

(b) Address California

19. (a) 5-12-44 (Date received local registrar)

(b) Paul Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Monticau
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1944 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1944 to May 10 1944
that I last saw her alive on May 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Duration 6 mo.

Due to Generalized arteriosclerosis
Duration 10-yr

Due to 131 f

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Kenneth Latham (M. D. or other)
Address California Date signed 5-11-44

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-5-44

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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.