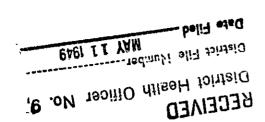
FILED MAY	12 1949	THE DIVISION OF HE STANDARD CERTIF		 Til	131.70	
BIRTH NO		REG. DIST. NO. 223	PRIMARY REG. DIST. I		strar's No 30	
1. PLACE OF DEA a. COUNTY MO	oniteau			NCE (Where deceased if b. COI	ved. If institution: residence before UNITY Monited United Manual Control of the United Manual Control	
b. CITY (if outside corporate limits, write RURAL and give C. LENGTH OF TOWN Rural, PilotmGrove Twy.			c. CITY (If outside corpo	orate limits, write RURAL a	rove smownship	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. At Home			d. STREET ADDRESS	(If rural, give location)		
3. NAME OF DECEASED (Type or Print)	a. (First) ALBERT G U	b. (Middle) INN ELLIOTT	c. (Last)	4. DATE OF DEATH	(Month) (Day) (Year) April 30, 1949	
231	color or race; vhite	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MAIL 12 PC /	8. DATE OF BIRTH June 14,	1857 9. AGE (In year	by F UNDER I YEAR F UNDER M HES. Mighthe Days Hours Min.	
Oa. USUAL OCCUPATIO done during most of workli	N (Give kind of work ng life, even if retired)	10b. KIND OF BUSINESS'OR IN- DUSTRY	Moniteau		2. CITIZEN OF WHAT COUNTRY? U.S.A.	
3a. FATHER'S NAME	7774 44	13b. MOTHER'S MAIDEN	NAME	14. NAME OF HUSBAN		
William F 5. WAS DECEASED EVE		Susan Nels			a Elliott	
(Yes. no, or unknown) (If	yes, give war or dates o	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT'S James Ell	liott, Lath		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEADIN	NDITION 0	ertification in the major	arlitis	INTERVAL BETWEEN ONSET AND DEATH 3 - years	
*This does not mean	ANTECEDENT CA	USES	P.	+' /	- 10	
the mode of dying, such Morbid conditions as heart failure, asthenia, rise to the above of		, if any, giolog DUE TO (b)	unliged a	elewider	or ogans	
ric. It means the dis- rase, injury, or complica-	the incoentying cara	DUE TO (c)		· -		
tion which caused death.	Conditions contribu	ICANT CONDITIONS uting to the death but not e or condition causing death.		<u>-</u>	4500	
19a. DATE OF OPERA- TION	19b. MAJOR FIND	INGS OF OPERATION	•		20. AUTOPSY?	
Ia. ACCIDENT SUICIDE HOMICIDE		ib. PLACE OF INJURY (e.g., in or about ome, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TO	OWNSHIP) (CC	OUNTY) (STATE)	
Nd. TIME (Mossib) OF INJURY	(Day) (Year) (E	21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY C	XXXXXX		
2. I hereby certify to alive on An	hat I attended th	e deceased from July 1.		Sril 30, 1947, in causes and on the c	hat I last saw the deceased late stated above.	
Jewen	Lathar	(Degree or title)	23b. ADDRESS, Califar	nie, Zus	23c. DATE SIGNED 5-2-49	
240. BURIAL CREMA- TION REMOVAL (85-10-) BURIAL	24b. DATE 5/3/49	24c. NAME OF CEMETERY Union Chris	_	d. LOCATION (City, too	my Dente and	
DATE REC'D BY LOCAL REG.	REGISTRAR'S		25. FUNERAL DIRECTO		CALIFORNIA, MO	
(Licensied Limbaliner Statement on Reverse Side)						



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
	Student Embalmer No

working under my personal supervision.

the above constitutes grounds for revocation of license.)

P. O. Address California Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi

If this body is not embalmed, fact should be so stated above.