## STATE OF CALIFORNIA CERTIFICATION OF VITAL RECORD

## **COUNTY OF LOS ANGELES**

REGISTRAR-RECORDER/COUNTY CLERK

Jessie Wetcelf Elliott October 15, 1949 2. ARE OUT OF STATE OCTOBER 15, 1949 2. ARE OUT STATE OF STATE OCTOBER 15, 1949 2. ARE OUT STATE OF STATE OCTOBER 15, 1949 2. ARE OUT STATE OF STATE OCTOBER 15, 1949 2. ARE OUT STATE OF STATE OCTOBER 15, 1949 2. ARE OUT STATE OF STATE OCTOBER 15, 1949 2. ARE OUT STATE OF STATE OCTOBER 15, 1949 2. ARE OUT STATE OF STATE OCTOBER 15, 1949 2. ARE OUT STATE OF STATE OCTOBER 15, 1949 2. ARE OUT STATE OF STATE OCTOBER 15, 1949 2. ARE OUT STATE OF STATE OCTOBER 15, 1949 2. ARE OUT STATE OF STATE OCTOBER 15, 1949 2. ARE OUT STATE OF STATE OCTOBER 15, 1949 2. ARE OUT STATE OF STATE OCTOBER 15, 1949 2. ARE OUT STATE	REGISTRATION DISTRICT NO.	NUMBER	16632 CERTIFICA	TE OF DEATH	STATE	Affidavil of Correcti applied //- 28, 19	
DECEDENT  DECEDE			ME 18. MIDDLE NAME	IC. LAST NAME	FILE NO.  2a. DATE OF DEATH NO.	INTH. DAY, YEAR 28. HOUR	
PERCEPTION AND CONTROL OF A THE PROPERTY OF A THE PROPERTY OF A THE PERCENT OF A THE PERCEN	PLACE		METCALT  CE 5. MARRIED, NEVER MARRIED, WIDOWED.		October 1	5,1949 8:45 PA	
DATA  DATA  C12**  C12*		female white	widowed	Now 2 300			
The property of parties and the property of th		8A USUAL OCCUPATION (SIVE KIND PURING MOST OF WORKING LIFE EVEN IF	88. KIND OF BUSINESS OR INDUSTR	NOV. S. 189			
ALDERT Metcalf  Id. MAS DECASED EVER IN U.S. ARMED FORCES?  ID. SOCIAL SECURITY NUMBER  ID. SOCIAL SECURITY NUMBER		Clerk School DistrictIndiana  11. NAME OF FATHER  12. MAIDEN NAME OF MOTHER		U.S.A.	U.S.A.		
PLACE DEATH  TO ARRELES IN CITY OF THE AREA PROSPRESSION AND ADDRESS OF POSTFALOR PROTECTION OF STAY ON THIS PROJECT OF STAY O		WAS DESCRICED SHEET				ARRIED!	
PLACE OF THE LOS ANGELSEN  TO FULL MAME AND ADDRESS OF MOSTINATION OF MUSICIPAL PROPERTY OF THE MINISTRANCE TO THE STATE OF THE MINISTRANCE TO THE MI		SPECIFY YES, NO. UNKNOWN			BER 16. INFORMANT		
DEATH    TO A ANGELES   Impation   Impation		17A. PLACE OF DEATH - CITY OF T	MA A CONTROL MARITE LIMITE WATER		Norman El	Liott	
DEATH  TO PALL NAME AND ADDRESS OF HOSTAND OR INCLUDED TO ANGELES ON CONDITION. GHE STREET ADDRESS ON LOCATION.  GROUP, RESIDENCE OF ANGELES ANGELES ANGELES OF HOSTAND OR INCLUDING STREET ADDRESS ON LOCATION.  GROUP ANGELES ANGELE		Los Angelas	11/11/2/01/	OF THE PARTY OF THE PARTY.			
THE STATE OF CALIFORNIA PROPERTY OF STATE OF STATE OF STATE OF CALIFORNIA PROPERTY OF STATE OF CALIFORNIA PROPERTY OF STATE OF STAT		170. FALL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION					
PALIBLE ASTROLET. CHARACTER LEGALS AND THE PALIS AS A PROPERTY OF THE PALIS OF THE PALI	USUAL RESIDENCE (WHERE DECEASE) LIND (IF INSTITUTION RESIDENCE BEFORE ADMISSION	18A STREE AND FESS OF BUSAL GIT	ETO HOSPI CAT 188 CITY OF A	WY THE LINE A	Ve.		
PALIBLE ASTROLET. CHARACTER LEGALS AND THE PALIS AS A PROPERTY OF THE PALIS OF THE PALI		5543 East Eag	Tie SELA Montel		/ \//  ~		
CAUSE OF DEATH (INTER OULY ONE CAUSE TO DEATH (INTER OULY ONE CAUSE TO THE WARREST CERTIFY THAT I MOVE DEATH DUE TO  EXTERNAL VIOLENCE  DEATH DUE TO  OPERATION AUTOPSY  DEATH DUE TO  OPERATION AUTOPSY  DEATH DUE TO  OPERATION AUTOPSY  DEATH DUE TO  EXTERNAL VIOLENCE  DEATH DUE TO  OPERATION AUTOPSY  DEATH DUE TO  OPERATION AUTOPSY  DEATH DUE TO  OPERATION COMPORTS CONTINUE VIOLENCE  OPERATION AUTOPSY  DEATH DUE TO  OPERATION COMPORTS CONTINUE VIOLENCE  OPERATION COMPORTS CONTINUE VIO		19-1. THIS DOES NOT MEAN THE MODE OF DE	YING SUCH AS HEARY 19-10-DISEASE		W TO SUTH ANGELES	California	
CAUSE OF DEATH INTER OULT ONE CLISS YET IN FOR INTERVAL I	OF DEATH	COMPLICATIONS WHICH CAU	SED DEATH.	Grachward	line Hee muit	APPROXIMATE	
DEATH DUE TO  STATE  OPERATIONS  AUTOPSY  DEATH DUE TO  EXTERNAL  OPERATION  20. DATE OF OPERATION  AUTOPSY  DEATH DUE TO  EXTERNAL  OPERATIONS  OR CORONERS  OR			TALII U		44	INTERNAL	
ONSET AND  19-II. CONDITIONS CONTRIBUTING TO THE DEXTHOUR PROPERTY TO THE DISEASE OR CONDITION CAUSING BENT  OPERATIONS AUTOPSY  22a. ACCIDENT SUICIDE HOMICIDE DEATH DUE TO EXTERNAL VIOLENCE  22b. TIME MONTH DAY YEAR HOUR OF INJURY OCCURRED OF INJURY OCCURRED WHILE AY WORK  OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OCCU		Clise to Type-work chest	STATING 19 IC DUE TO	entilled by	Cleans c Hyperten	eich.	
DEATH DUE TO EXTENDISH SPECIFY STATE ABOVE.  DEATH DUE TO EXTENDAL VIOLENCE OF INJURY SECURITY STATE ABOVE.  DEATH DUE TO EXTENDAL VIOLENCE OF INJURY SECURITY STATE ABOVE.  DEATH DUE TO EXTENDAL VIOLENCE OF INJURY SECURITY STATE ABOVE.  DEATH DUE TO EXTENDAL VIOLENCE OF INJURY SECURITY STATE ABOVE.  DEATH DUE TO EXTENDAL VIOLENCE OF INJURY SECURITY STATE ABOVE.  DEATH DUE TO EXTENDAL VIOLENCE OF INJURY SECURITY STATE ABOVE.  DEATH DUE TO EXTENDAL VIOLENCE OF INJURY SECURITY STATE ABOVE.  DEATH DUE TO EXTENDAL VIOLENCE OF INJURY SECURITY STATE ABOVE.  DEATH DUE TO STATE  DEATH DUE TO STATE  SUICIDE STATE  DEATH DUE TO STATE  SUICIDE STATE  DEATH DUE TO STATE  SUICIDE STATE  DEATH DUE TO STATE  STATE  STATE  DEATH DUE TO STATE  STATE  DEATH DUE TO STATE  STATE  STATE  DEATH DUE TO STATE  STATE  STATE  STATE  DEATH DUE TO STATE  S		THE WIDERLY (WILD LE)E	A A Do	- O(L)			
DEATH DEATH DUE TO EXTERNAL VIOLENCE  DEATH DID TO EXTERNAL VIOLENCE  DEATH DUE TO EXTERNAL VIOLENCE  DEATH DID TO EXTERNAL DI		19-II. CONDITIONS CONTRIBUTING TO THE DE	THE THE PROPERTY OF THE PROPER	NIFICANT CONDITIONS	SAMISAN	ONSET AND	
DEATH DUE TO EXTERNAL VIOLENCE  DEATH DUE TO EXTERNAL DUE TO EXAMPLE OF CALIFORNIA  DUE TO EXAMPLE OF CALI		TO THE DISEASE OR CONDITION	CAUSING DEATH	U	107245/1	DEATH	
DEATH DUE TO EXTERNAL VIOLENCE  22A ACCIDENT SUICIDE HOMICIDE  22B PLACE OF INJURY 15 DIRECT OF VIOLENCE VIOLENCE  22C LOCATION OF VIOLENCE  22D TIME OF INJURY  22A ACCIDENT SUICIDE HOMICIDE  22B PLACE OF INJURY OCCURRED  EXTERNAL VIOLENCE  22C LOCATION OF VIOLENCE  22F HOW DID INJURY OCCUR?  22A CORONERS: I HEREBY CERTIFY THAT I HAVE HELD AN AT WORK  AT WORK  23A CORONERS: I HEREBY CERTIFY THAT I HAVE HELD AN ALTOPOTY OR DISCUSSION OF THE OCCURRED FROM THE OCCURRED THAT I ATTENDED THE DECEASED FROM  23B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  23B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  23B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  23B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  23B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  23B DATE SIGNED  24B PURIAL  25B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  25B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  25B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  25B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  25B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  25B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  25B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  25B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  25B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  25B PHYSICIANS: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  25B PHYSICIANS: I HEREBY C	OPERATIONS AUTOPSY	7Co-u	208 MAJOR FINDINGS OF DERIFF	97////	- 14 A	21. AUTOPSY	
DUE TO EXTERNAL VIOLENCE    DESCRIPTION   COMMITTED	DEATH DUE TO EXTERNAL VIOLENCE	22A. ACCIDENT (SPECIEV)	228 PLACE OF IN HIDY (E.S. IN OR			YES X NO	
EXTERNAL VIOLENCE OF INJURY OF INDURY DAY YEAR HOUR 22E INJURY OCCURRED WHILE AT WORK			PARM. PACTORY, STREET, OFFICE BUILDING.	22C LOCATION OF TO	MY/71495-70-	STATE	
PHYSICIAN'S OR CORONER'S I HEREBY CERTIFY THAT I MAYE MELD AN AT WORK  PHYSICIAN'S OR CORONER'S CERTIFICATION  23A. CORONER'S I MEREBY CERTIFY THAT I MAYE MELD AN AUTOPPY   INQUEST. OR CARE TO DEATH AT THE HOUR AND DATE STATED ABOVE.  23B. PHYSICIAN'S I MEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM  AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE.  23C. SIGNATURE  23C. SIGNATURE  23C. SIGNATURE  23C. SIGNATURE  23C. SIGNATURE  24C. CEMETERY OR CREMATORY  24C. CEMETERY OR CREMATORY  25C. SIGNATURE  24C. CEMETERY OR CREMATORY  25C. SIGNATURE OF SMBALMER  25C. SIGNATURE OF SMBALMER			22E INJURY OCCURRED	22F. HOW DID INJURY OCCU			
PHYSICIAN'S OR CORONER'S OR CORONER'S CERTIFICATION  23c. SIGNATURE  23c. SIGN					7 11 [[		
CERTIFICATION 235 SIGNATURE 236 SIGNATURE 230 ADDRESS 947 West 8th St. L.A. 248 DATE SIGNED 947 West 8th St. L.A. 10/17/49  FUNERAL DIRECTOR AND REGISTRAR 28. SIGNATURE OF LOCAL REGISTRAR 29. SIGNATURE 29	PHYSICIAN'S OR CORONER'S CERTIFICATION			238. PHYSICIAN'S: I HEREBY CERT	IFY THAT I ATTENDED THE DECEASED FROM_	8/5/ 19	
FUNERAL DIRECTOR AND REGISTRAR 28. SIGNATURE OF CALIFORNIA 29. SIGNATURE OF CALIFORNIA 20. STATE OF CALIFORNIA 20. CALIFORNIA		23c. SIGNATURE				10 - 15 - 10 U9	
FUNERAL DIRECTOR REMOVAL 10/18/49 Rose Hills Cem., Calif. 25. SIGNATURE OF MBALLER NUMBER 27. DATE RECEIVED BY LOCAL REGISTRAR 28. SIGNATURE OF LOCAL REGISTRAR 28. SIGNATURE SIGNATURE OF LOCAL REGISTRAR 28. SIGNATURE SIGNATURE SIGNATURE SIGNAR 28. SIGNATURE SIGNATURE SIGNATURE SIGNAR 28. SIGNATURE SIGNAR 28. SIGNATURE SIGNAR 28.		W. W. Thom	DEGREE OR TITLE	Z3D. AUDRESS		23E DATE SIGNED	
PIRECTOR AND REGISTRAR 28. SIGNATURE OF LOSAL REGISTRAR 28. SIGNATURE OF LOSAL REGISTRAR COLLARS IN CALLAND IN THE REGISTRAR COLLARS IN CALLAND	DIRECTOR	24a X SURIAL 248. DATE	24c. CEMETERY OR CREMATORY	Whitte	h St. L.A.		
REGISTRAR  OCT 1 7 1949  STATE OF CALIFORNIA  STATE OF CALIFORNIA		□ REMOVAL   10/18/49	Rose Hills Cem.	Colte	2000 D Lave L		
STATE OF CALIFORNIA 6640W, WASHINGTON BLVD - LA 15			ARI 28. SIGNATURE OF LOCAL REGISTR	AR. IN	THE PARTHE OF FUNERAL DIDECT	COLO 2016	
	STATE OF CALIFORNI		Control of the Party of the Par		1 664 CW. WASHINGTON	ANU J. CALLAMAN INC.	
By La Kneestpering Con BLVDL A. 15		THE RESERVE TO SERVE THE PARTY OF THE PARTY	By La Free A	wincon/	arry A. Cho	EPARTMENT OF PUBLIC HEALTH	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

DEAN C. LOGAN

DEAN C. LOGAN

Registrar-Recorder/County Clerk



