

DEC 27 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42099

Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 1102
(b) Township Poseola Primary Registration District No. 75870 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel O. Elder

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) believed Nov. 15, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 -- 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) Present time 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Dunklin County
(STATE OR COUNTRY) Missouri

13. NAME J. D. Elder

14. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Arch Elder
(ADDRESS) Malden, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elder Cem. DATE Nov. 29, 1937

19. FUNERAL DIRECTOR LADYBESS FUNERAL HOME
(ADDRESS) Campbell Mo.

20. FILED Dec 3, 1937 Mrs T. H. Cole
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

No attending physician

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Fred. L. Ogilvie M. D.
(Signed) _____

(Address) Curaithsville

STATEMENT BY LICENSED EMBALMER

I, E. W. LANDESS, Licensed Embalmer No. 2289

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. W. LANDESS

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

E. W. Landess

Licensed Embalmer No. 2289

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)