

REC'D MAY 9 1938

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

13766

Do not use this space.

1. PLACE OF DEATH *Jackson*
(a) County *Jackson* Registration District No. *1072*
(b) Township *Jackson* Primary Registration District No. *1072*
(c) City *Jackson* (d) Street No. *General Hosp*
(e) Length of residence in city or town where death occurred *2 1/2* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Donald M. Eloy*
(a) Residence, No. *4176 Euclid* (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

Registered No. 1746

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OF RACE *Wh.* 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) *Dec 18, 1921*

7. AGE YEARS *16.* MONTHS *4* DAYS *11* IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *School*

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wabasha, Minn.*

FATHER 13. NAME *Donald M. Eloy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Low*

MOTHER 15. MAIDEN NAME *Sylvia Kramer*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Colorado*

17. INFORMANT (ADDRESS) *Donald M. Eloy*
4176 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wood Hills* DATE *4 26* 19*38*

19. FUNERAL DIRECTOR (ADDRESS) *Funeral Home*
Sumner at Main

20. FILED *4-25* 19*38* *M. M. Crowe, Jr.*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 24* 19*38*

22. I HEREBY CERTIFY THAT I attended deceased from *Deputy Coroner*, 19.....
I last saw *Deputy Coroner* on the date stated above, at *246* Death is said to have *occurred* on the date stated above, at *246*.
The principal cause of death and related causes of importance were as follows:
Auto traumatism
Diffuse petechial cerebral hemorrhage
Other contributory causes of importance: *210 m*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide *Accident* Date of injury *4-23* 19*38*
Where did injury occur? *N.C. Mo.* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Injury in auto*
Nature of injury *Yellown*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *Yes*
(Signed) *Paul Hunter*, M. D.
(Address) *Gen Hosp, N.C. Mo.*

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50957-7-37 I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)