

6 JAN 1939

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

44252
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot Registration District No. 655
(b) Township Vergenia Primary Registration District No. 872
(c) City Steeley (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 1 yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ruth McElrath
(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 Female	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8th 1938				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
	1	7	1	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant			
	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) Mengelwood (STATE OR COUNTRY) Tenn				
FATHER	13. NAME Pettis McElrath			
	14. BIRTHPLACE (CITY OR TOWN) Decaterville (STATE OR COUNTRY) Tenn			
MOTHER	15. MAIDEN NAME Lessie Dabbs			
	16. BIRTHPLACE (CITY OR TOWN) Linden (STATE OR COUNTRY) Tenn			
17. INFORMANT (ADDRESS) Pettis McElrath Steele, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Holly Grove Cem DATE Dec 10 , 19 38				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) German Undt Co. Steele, Mo.				
20. FILED 1320 19 38 Steele, Mo. Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8 , 19 38	
22. I HEREBY CERTIFY, That I attended deceased from 5-9 Dec 1938 to 5-9 Dec 1938 I last saw him alive on the 5 Dec 1938 . 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: gastro bowel 11/2 Other contributor causes of importance: phal Jtha for two weeks.	
Name of operation _____ Date of _____	Date of onset _____
What test confirmed diagnosis? _____ Was there an autopsy? <input checked="" type="checkbox"/>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 1 , 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 _____	
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) J. B. McDaniel , M. D. (Address) Steele, Mo.	

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

50M-4-19-38 I X 16005

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.