JAN 22 1940

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

3291
Do not use this space.

1. PLACE OF DEATH

(a) County: Pemiscot — Registration District No.: 1099

(b) Township: Little River 0 — Primary Registration District No.: 5868 — Registered No.:

(c) or City: Wardell Mo — (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 Isabel McElwee

(a) Residence, No.: Wardell, Mo. 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: Black
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 19, 1921

7. AGE: Years 18 | Months 0 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 3 mos ago
11. Total time (years) spent in this occupation: 8 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adkins Arkansas

FATHER
13. NAME: Monroe McElwee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adkins Arkansas

MOTHER
15. MAIDEN NAME: ~~Maggie Austin~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adkins Arkansas

17. INFORMANT (ADDRESS): Monroe McElwee Wardell, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wardell, Mo. DATE: Jan. 2, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mrs. T. J. Smith Hayti, Mo

20. FILED: Jan 3, 1940 Creary
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-1, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1939 to 12-26, 1939
I last saw h. or alive on 12-26, 1939 Death is said to have occurred on the date stated above, at 1A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	?
(Mitral insufficiency	
Rheumatic heart disease)	

Other contributory causes of importance: NONE

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? No
If so, specify
(Signed) R. A. Bassbarge, M. D.
(Address) Wardell, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH INK, IN THE ENGLISH LANGUAGE. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

I X16605

RECEIVED
District Registrar No. 3
District File Number 144-72
Date Filed 1-5-40

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 compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.