

S. No. 2
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5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940
309

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6579

State File No. _____

Registration District No. _____

Primary Registration District No. 4185

Registrar's No. 1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Gentry
(a) County: Albany
(b) City or town: Albany
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

8. (a) PRINT FULL NAME: Joseph Harvey McElvain
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Viola Lipe 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 2nd, 1860 (Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace: Worth County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: retired farmer

11. Industry or business: _____
12. Name: Andrew McElvain
13. Birthplace: Perry County Illinois (City, town, or county) (State or foreign country)
14. Maiden name: Della Combs
15. Birthplace: Unknown Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. J.H. McElvain
(b) Address: Albany, Mo.

17. (a) Burial (b) Date thereof: 1-6-40 (c) Place: burial or cremation: Grandview (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director: _____ (b) Address: Albany, Mo.

19. (a) Date received local registrar: July 6, 1940 (b) Registrar's signature: W. H. Martin

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gentry
(c) City or town: Albany (d) Street No. _____ (If outside city or town limits, write "RURAL")
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th. year 1940 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 4, 1939 to Jan. 4, 1940 that I last saw him alive on Jan. 4, 1940 and that death occurred on the date and hour stated above. Immediate cause of death: Chronic Endocarditis

Due to: _____
Due to: _____

Other conditions: Carcinoma of the Cervical Lymph Glands
Major findings: _____
Of operations: _____
Of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: C. J. Pray (M. D. or other) 281
Address: Albany, Mo. Date signed: 1/5/40

RECEIVED
District Health Officer No. 11,
District File Number 340-229
Date Filed MAR 5 1940

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 _____ Me.

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Robert Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, Mo.

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.