

MAY 15 1940
Registration District No. 492

Primary Registration District No. 2-6-2-2 A Registrar's No. _____

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Winfield
(c) Name of hospital or institution:
Died at own residence 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Elmer Henry East 230
3. (b) If veteran, name war no
3. (c) Social Security No. 707-09-514

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Ann Marting 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: July 17 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Railroad Employee

11. Industry or business Burlington Railroad

12. Name Elias East

13. Birthplace Lincoln County (?)
(City, town, or county) (State or foreign country)

14. Maiden name Melinda Ramsour

15. Birthplace Lincoln County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl M East

(b) Address Detroit Mich

17. (a) Burial (b) Date thereof 4-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winfield Cemetery

18. (a) Signature of funeral director Charles Ricks

(b) Address Winfield, Missouri

19. (a) 4/13/40 (b) Dr. J. H. Henth
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1940 hour 5 minute 43 a.m.

21. I hereby certify that I attended the deceased from 4-8-40
~~4-12-40~~ 1940, to 4-14 1940
that I last saw him alive on April 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (lobar) 7 days
Due to Arterial Sclerosis
Due to Myocarditis chronic
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

Duration
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?
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(Specify type of place) (e) Means of injury _____
23. Signature J. H. Henth (M. D. or other) _____
Address Old Monroe, Mo. Date signed 4/13

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.....

Garland Ricks

Licensed Embalmer No.....

4012

P. O. Address.....

Winfield, 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.