

No. 2
11-10-39
1-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15551

Registration District No. 592

Primary Registration District No. 5790

State File No. _____

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town RURAL
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs
In this community 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town RURAL
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Elizabeth Hayes

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 13 th 1848
(Month) (Day) (Year)

8. AGE: Years 92 Months 2 Days 25
If less than one day hr. _____ min. _____

9. Birthplace Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name John Elrod

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Barbra Ogan

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Dollie Hayes

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 4/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) April 9 40 (b) Beulah Hensley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 th
year 1940 hour _____ minute 10 a. M.

21. I hereby certify that I attended the deceased from 1-11-36
to 4-8, 1940

that I last saw him alive on April 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Sen Arteriosclerosis Duration 1936

Due to Senility Duration 1936

Due to _____

Other conditions Chronic Bronchitis year _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. T. Anderson (M. D. certifier) 1340

Address Montgomery City Mo Date signed 4/19/40

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

MOTHER FATHER

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.