

S. No. 2  
-11-10-39  
-5-17-39  
-I X21492

FILED OCT 10 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32019

State File No.

Registrar's No.

Registration District No. 310

Primary Registration District No. 2001

734

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
522 E. Harrison  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME America Elsey  
(b) If veteran, name war None  
(c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife J.B. Elsey  
6. (c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased April 11, 1849  
(Month) (Day) (Year)

8. AGE: Years 92 Months 4 Days 27  
If less than one day hr. min.

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

10. Usual occupation In Home

11. Industry or business In Home

12. Name Ellis Peace

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

14. Maiden name Anna Peace

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

16. (a) Informant J.E. Elsey

(b) Address Springfield Mo

17. (a) Burial (b) Date thereof 9-10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Alma Johnson

(b) Address Springfield Mo

19. (a) Sept. 10, 1940 (b) W.E. Handley MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limit, write "RURAL")  
(d) Street No. 522 E. Harrison  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8  
year 1940 hour 5:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 189, to Sept 7, 1940  
and that I last saw him alive on Sept 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Paresis  
Duration 1 Week

Due to Chronic Intercerebral Neptus 24

Due to \_\_\_\_\_

Other conditions Age 73  
(Include pregnancy within 6 months of death)

Major findings: Of operations None

Of autopsy None

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) None

(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?  
084  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Robert Williams (M. D. or other) 1

Address Springfield Mo Date signed 9/10/40

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

39  
3  
6

**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 Harlow Knabb

Licensed Embalmer No. 4066

P. O. Address Springfield Me

**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.

X