

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 15

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

1. PLACE OF DEATH

(a) County Mississippi

(b) City or town Charleston

(c) Name of hospital or institution:
408 N. Main St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 39 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston
(If outside city or town limits, write "RURAL")

(d) Street No. 408 North Main
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ANNA REBECCA McELMURRY

(b) If veteran, name war NO

(c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month February day 1st
year 1941 hour 40 minute 15 AM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female

5. Color or race White

6. (g) Single, widowed, married, divorced Widowed

6. (i) Name of husband or wife Scott McElmurry

6. (c) Age of husband or wife if alive decd years

7. Birth date of deceased March 9, 1880
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death
Melanotic Carcinoma Cervix

8. AGE: Years 60 Months 10 Days 22 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Manager oil company

11. Industry or business Oil Agency

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? _____

12. Name Jasper Kasper

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Dorothy McElmurry

(b) Address Charleston, Mo

17. (a) Burial (b) Date thereof 2-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2007 Cemetery

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Paul St. Sam (M. D. or other) D

Address Charleston Mo Date signed _____

18. (a) Signature of funeral director Lain - Truman

(b) Address Charleston Mo

19. (a) 2-3-41 (b) J. S. Vernon
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 2,

District File Number 241-184

Date Filed 7/7/41

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

John P. Remondet Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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, fact should be so stated above.