FILED APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9915

Registration District No. 16 Primary Registration District No. 15020 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Andrew,
(b) ~~City or town~~ Rural, Rochester,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D.# 1, Helena, Missouri,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 69 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Andrew,
(c) City or town Rural,
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.# 1, Helena, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Emma Estella McElwain

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

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

6. (b) Name of husband or wife Harry O. McElwain, 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April 20th. 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Andrew County, (City, town, or county) Missouri, (State or foreign country) 0

10. Usual occupation At Home,

11. Industry or business

MOTHER FATHER
12. Name James W. Zimmerman,
13. Birthplace Unknown, (City, town, or county) Ohio, (State or foreign country)
14. Maiden name Mary Margaret Wilson,
15. Birthplace Unknown, (City, town, or county) Indiana, (State or foreign country)

16. (a) Informant Harry O. McElwain
(b) Address R.F.D.# 1, Helena, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/41. (Month) (Day) (Year)
(c) Place: burial or cremation Rochester Cemetery

18. (a) Signature of funeral director Frank A. Bowman
(b) Address Savannah, Mo.

19. (a) 3-25-41 (Date received local registrar) (b) Mrs. Verniece A. Fite (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st. year 1941 hour 11:00 minute 05a M.

21. I hereby certify that I attended the deceased from September, 1939, to March 21st, 1941; that I last saw her alive on March 21st, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Secondary Carcinoma of lungs	2 yr
Due to: Carcinoma of Uterus	6 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Removal of Uterus 6 years ago	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. B. Riggs (M.D. or other) D.O.
Address Cosby, Mo. Date signed 3/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

. 2
3-40
7-39
X23150

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 3-21

; Registered Apprentice No.

working under my personal supervision.

Signed W. E. Summerfie

Licensed Embalmer No. 3007

P. O. Address 319 S 010 St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.