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

FILED JUL 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21069

State File No.

Registration District No. 306

Primary Registration District No. 5095

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural - Deepwater Township
(If outside city or town limits, write "RURAL" and name of township)
(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.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Deepwater Township
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1941 hour 7 minute 0 M-
21. I hereby certify that I attended the deceased from
Feb. 7 1938 to June 13 1941;
that I last saw him alive on June 8 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

3. (a) PRINT FULL NAME William Asa Mc Elwain
3. (b) If veteran, name war ✓
3. (c) Social Security No. 2

4. Sex male 5. Color or race white
6. (b) Name of husband or wife Mrs Mary Jane Mc Elwain
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased October 25 1965
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 19
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....
12. Name Middleton Mc Elwain
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Annie Holland
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Will Mc Elwain
(b) Address Butler Mo.

17. (a) Burial (b) Date thereof June 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wak Hill

18. (a) Signature of funeral director Culver
(b) Address Butler Mo

19. (a) June 24 1941 (b) Laura S. Odneal
(Date received local registrar) (Registrar's signature)

Duration
Angina Pectoris
Due to.....
Coronary Heart Disease
Due to.....
Other conditions same
(Include pregnancy within 3 months of death)

Major Operations arteriosclerosis
Of arteriosclerosis
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 W. S. Lucas (M. D. or other) M.D.
Address Butler Mo Date signed 6/17/41

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, *only*

....., Registered Apprentice No.
working under my personal supervision.

Signed *R. Stanton Lile*

Licensed Embalmer No. *4123*

P. O. Address *Butler, 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.