

No. 2  
-13-40  
-17-39  
I X 7 7 8

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 10 1948  
MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

21724  
State File No.

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **520**

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: **Springfield Baptist Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Hour**  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wabster**

(c) City or town **Nianqua** **0**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Clarice Ellen Elmore**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **September 24 1899**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **27**  
year **1941** hour **6** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **6-27**  
\_\_\_\_\_, 19 **41**, to **6-27**, 19 **41**;  
that I last saw her alive on **6-27-41**, 19  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>51</b>	<b>9</b>	<b>3</b>	hr. min.

Immediate cause of death  
**Heart attack & shock from injury received by being struck by R. R. switch engine at Nianqua**

Due to **me, walking on track and stepped in front of engine**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace **Unknown / Virginia**  
(City, town, or county) (State of foreign country)

10. Usual occupation **Post Mistress**

11. Industry or business \_\_\_\_\_

Major findings:  
Of operations **6**

Of autopsy **11/20**

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **Jessie F Elmore**

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

14. Maiden name **Hizzie Williams**

15. Birthplace **Boonville / Missouri**  
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **6-27-41**

(c) Where did injury occur? **Wabster Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**near RR station at Wabster**

While at work? **Yes**  
(Specify type of industry or occupation)

16. (a) Informant **Mr James V. Elmore**

(b) Address **Nianqua Missouri**

17. (a) **Burial** (b) Date thereof **6-29-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nianqua, Mo**

18. (a) Signature of funeral director **Laney Funeral Home**

(b) Address **Marshfield Missouri**

19. (a) **6-29-41** (b) **W. E. Haudley**  
(Date received local registrar) (Registrar's signature)

23. Signature **G. B. Rosebery** (M. D. or other) **MD**

Address **Springfield** Date signed **6-28-41**

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

9  
2  
6

JUL 23 1941

**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.....

*Rex Rainey*....., 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, fact should be so stated above.**

X