

FILED JUL 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22238

State File No. _____

Registration District No. 589

Primary Registration District No. 5787^a

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Montgomery
 (b) City or town Bellflower
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(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 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery
 (c) City or town Bellflower
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ellen Harriet Hold

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Edward Powell Hold 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased: 11 (Month) 12 (Day) 1865 (Year)

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

9. Birthplace Bond County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business General duties

12. Name Warren Wilkerson

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

14. Maiden name Hester Wiegner

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

16. (a) Informant: Mr. Edward Hold

(b) Address Bellflower Mo.

17. (a) Burial (b) Date thereof 6/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia

18. (a) Signature of funeral director Edna N. Jones

(b) Address Bellflower Mo.

19. (a) _____ (b) Paul A. Harding
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
 year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 10, 1941, to June 19, 1941; and that death occurred on the date and hour stated above.

that I last saw her alive on June 19, 1941; Immediate cause of death myocarditis

Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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)

23. Signature W. J. Walls (M.D. or other) DO

Address Bellflower Date signed 1941

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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.....

me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Cedric K Jones

Licensed Embalmer No.....

4223

P. O. Address.....

Bellflower, Md

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.