

No. 2
1-4-41
17-39
X24390

Registration District No. _____

Primary Registration District No. **3033**

1. PLACE OF DEATH:
(a) County **Pike**
(b) City or town **Louisiana, Mo.**
(c) Name of hospital or institution: **Pike Co Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital **2 MONTHS**
(Specify whether _____)
In this community _____
years, months or days **0**

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County **Pike**
(c) City or town **Rolla, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Elmer Elsworth McCune**
(b) If veteran, name war **No**
(c) Social Security No. **✓**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sep** day **8**
year **1941** hour **10** minute **30p** M.
21. I hereby certify that I attended the deceased from **5/17/41**
_____ 19 _____ to **9/8/41** 19 _____
that I last saw him alive on **9/8/41**
and that death occurred on the date and hour stated above.

4. Sex **Male**
5. Color of race **White**
6. (a) Single, widowed, married, divorced **Divorced**
(b) Name of husband or wife **Etta McGuire**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **Dec 14, 1869**
(Month) (Day) (Year)

Immediate cause of death **Chronic myocarditis**
chronic nephritis
Due to _____
Due to _____
Other conditions **none**
(Include pregnancy within 3 months of death)

8. AGE: Years **71** Months **9** Days **4**
If less than one day _____ hr. _____ min.

9. Birthplace **Pittsfield Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mechanical Engineer**
11. Industry or business **American Steel Foundries**

MOTHER FATHER { 12. Name **James W McCune**
13. Birthplace **Brown Co Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise E Swin**
15. Birthplace **Christian Co Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **James McCune**
(b) Address **Louisiana Mo**
17. (a) **Burial** (b) Date thereof **9/10/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Vandalia Mo**

18. (a) Signature of funeral director **J. H. ...**
(b) Address **Louisiana Mo**
19. (a) **9-534** (b) **J. H. ...**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations **none**
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) **none**
(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?

While at _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. H. ...** (M. D. or other) _____
Address **Louisiana Mo** Date signed **9/9/41**

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

OCT 17 1941

RECEIVED

District Health Officer No. 10

District File Number 10-41-1838

Date Filed OCT 13 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.....

George O. Wagner

Registered Apprentice No.....

working under my personal supervision.

Signed

George O. Wagner

Licensed Embalmer No.

3773

P. O. Address

Louisiana

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.