

FILED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34970**
Registrar's No. **834**

Registration District No. **318**

Primary Registration District No. **2001**

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 **1951 N Franklin**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **six yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1951 N Franklin**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **17**
year **1941** hour **8** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **Oct 15**
2 10-15, 19**41** to **20-17**, 19**41**
that I last saw her alive on **10-17**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**
Duration _____

Due to _____

Due to _____

Other conditions **920**
(Include pregnancy within 8 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature **E. J. ... M.D.** M. D. or other _____
Address **621 Woodruff** Date signed **10/17/41**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME **Maggie Elam**

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 **Widow**

6. (b) Name of husband or wife **Wolfeord** 6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **June 13 1859**
(Month) (Day) (Year)

8. AGE: Years **82** Months **4** Days **4** If less than one day hr. min.

9. Birthplace **Platt Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

12. Name **No record**

13. Birthplace **No record Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **No record**

15. Birthplace **No record Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Missie Gracht**

(b) Address **1951 N Franklin**

17. (a) **Burial** (b) Date thereof **Oct. 19, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn**

18. (a) Signature of funeral director **Fred C. Thieme**

(b) Address **1100 Bonville Ave**

19. (a) **10-18-41** (b) **W. E. Handley M.D.**
(Date received local registrar) (Registrar's signature)

987 (Licensed Embalmer's Statement on Reverse Side) **S. J. ...**

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

R. Williams

Licensed Embalmer No.

3681

P. O. Address

Spfld 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.