

FILED FEB 10 1942  
Registration District No. 266

Primary Registration District No. 4164

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

1. PLACE OF DEATH:

(a) County Cent

(b) City or town Salem, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 30 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Homer Mcelfresh

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife V 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct - 22 - 1912  
(Month) (Day) (Year)

8. AGE: Years 29 Months 2 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cent Co. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Miller Mcelfresh

13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Warren

15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant A. D. Wesley  
(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 12-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director Robert A. Brantman  
(b) Address Salem, Mo.

19. (a) See 18-1941 (b) T. E. Ballew, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cent 33

(c) City or town Salem 1  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7  
year 1941 hour BETWEEN minute 37 6 A.M.

21. I hereby certify that I attended the deceased from Jan 20, 1939, to Dec 7, 1941; that I last saw him alive on Dec 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy 85

Due to Epilepsy (Cerebral)

Due to \_\_\_\_\_

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

Major findings: Of operations 85

Of autopsy 20

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? \_\_\_\_\_

While at work? Yes (Specify type of place) 3

(e) Means of injury \_\_\_\_\_

23. Signature H. H. Nicolson Carson  
Address Salem, Mo. Date 12-7-41  
(M. D. or other)

RECEIVED

District Health Officer No. 5,

District File Number 14214

Date Filed \_\_\_\_\_

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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 \_\_\_\_\_

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, above space should be left blank.**