

FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7219

State File No. _____

Registration District No. 534

Primary Registration District No. 5917

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Macon
(b) City or town CALLAO "RURAL"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lingo Camp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MACON
(c) City or town CALLAO "RURAL" (If outside city or town limits, write "RURAL")
(d) Street No. S. W. OF CALLAO (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALEXANDER T. McELHANEY

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELLA FLOWERS 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased JUNE 10, 1858 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace BEAVER COUNTY PENNSYLVANIA (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name JAMES M. McELHANEY

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

14. Maiden name ELIZABETH M. GRENELL

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

16. (a) Informant Mrs. Lewis M. McElhaneey

(b) Address New Cambria, Mo.

17. (a) BURIAL (b) Date thereof 11-24-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW CAMBRIA CEMETARY

18. (a) Signature of funeral director Wm. Colman

(b) Address Beaver Mo

19. (a) Feb. 12, 1942 (b) Alvin M. Gilliland (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 22 year 1941 hour 4 minute 4 M.

21. I hereby certify that I attended the deceased from Nov. 17 1941 to Nov. 22 1941; that I last saw h. IN alive on Nov. 21 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 5 days

Due to Atherosclerosis & Hypertensive heart disease 10 years

Other conditions 830 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) _____

(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 2

23. Signature P. J. Ruden M.D. or other _____ Address Callao, Mo Date signed 11/22/41

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

100

RECEIVED

District Health Officer No. 10

District File Number 10-42-667

Date Filed MAR 18 1942

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

W. S. Edwards

Licensed Embalmer No.

1961

P. O. Address

Beverly Hills

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.