

FILED APR 15 1942

State File No. _____

Registration District No. 277

Primary Registration District No. 5441

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Republic R.F.D. Onondaga
(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 1
(Specify whether _____)
In this community 20 years, months or days

3. (a) PRINT FULL NAME Freda Mave McElhany

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 Guy McElhany 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Sept 1st 1921
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>7</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Missouri (City, town, or county) (State or foreign country) h

10. Usual occupation Houskeeping

11. Industry or business _____

12. Name William Brasher

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

14. Maiden name Anna Hargus

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

16. (a) Informant William R Brasher

(b) Address Marrionville R.F.D.

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director R. E. Thompson

(b) Address Republic 720

19. (a) Mar. 30-42 (b) Florence Britain (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 039

(a) State Mo. (b) County 0

(c) City or town _____ (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 March day 27
year 1942 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 1, 1942, to March 27, 1942; that I last saw her alive on March 23, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Purperal Uremia Duration 27 days

Due to Purperal Embolus 1 minute

Due to _____

Other conditions Caesarian Section (3/8-42)
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1498

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 _____

23. Signature E. M. LeCompte (M. D. or other) M.D.

Address Brookline Station Mo. Date signed 3/28-42

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

MOTHER FATHER

RECEIVED

Clarendon County Health Office

County File Number 42-4-43

Date Recd 4/13/42

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. E. V. V. V. V. V.

Licensed Embalmer No.

509

P. O. Address

Republic Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STANDARD CERTIFICATE OF DEATH

State File No. 10806

Registration District No. 377

Primary Registration District No. 3441

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Rural
(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) 20 yrs

3. (a) PRINT FULL NAME

Freda M. McElhany

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Sept 1 - 1921
(Month) (Day) (Year)

8. AGE: Years 20 Months 7 Days 8 If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Rural Brookline
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location) Mo-
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death suppurative uremia
suppurative embolus

Due to _____

Due to _____

Other conditions Caesarian Section
(Include pregnancy within 3 months of death) 1941

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed MS

SUPPLEMENTARY

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

MOTHER FATHER

S-10806

1942