

FILED MAY 12 1942 9

Registration District No.

Primary Registration District No.

5131

Registrar's No.

97

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Harville
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Harville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eliza McElroy

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Female 5. Color or race C 6. (d) Single, widowed, married, divorced Widow

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

7. Birth date of deceased. 12 27 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	2	21	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

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 Charlie Jones
(b) Address Harville

17. (a) Burial (b) Date thereof 3-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plesant Grove

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Missouri

19. (a) 3-22-42 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1942 hour minute A. M.

21. I hereby certify that I attended the deceased from
19..... to 19.....

that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Fatty degeneration of heart

Due to excess overweight
(weighed over 300 lbs)

Due to

Other conditions.....
(Include pregnancy within 3 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.....

23. Signature Alfred M. Greer (M. D. or other) Coroner

Address Poplar Bluff, Mo Date signed 3/20/42

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

12002

72

93d

RECEIVED

District Health Office No. 2,

District File Number 442-525

Date Filed 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.....

Licensed Embalmer No.....

P. O. Address.....

Not embalmed

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.