

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1942

Registration District No. 490

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5653

State File No.

Registrar's No. 13

14809

1. PLACE OF DEATH

(a) County Lincoln
(b) City or town Elkhart
(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
In this community
years, months or days)

3. (a) PRINT FULL NAME Mary Ellen Beall

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

4. Sex F 1/2 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 22 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 29 hr. min.

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

10. Usual occupation

11. Industry or business Housewife

12. Name Wm P. Whitley

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

14. Maiden name Mrs Wm P. Whitley

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

16. (a) Informant's own signature Mrs P. Whitley

(b) Address Elkhart Mo

17. (a) Burial (b) Date thereof Apr 24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elkhart

18. (a) Signature of funeral director W. B. Bradley

(b) Address Elkhart Mo

19. (a) 3/6 1942 (b) B. B. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln
(c) City or town Elkhart
(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. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1942 hour 4 minute P M.

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

Immediate cause of death Coronary Thrombosis
Duration

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94 a

Of autopsy
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 J. P. Knepp (M. D. or other)

Address Elkhart Mo Date signed 4/27/42

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.....

W. H. Bradley

Licensed Embalmer No.....

3966

P. O. Address.....

Elkhart, Ind.

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.