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Registration District No. **157**

Primary Registration District No. **4091**

Registrar's No. **105**

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2  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Cass

(b) City or town Pleasant Hill  
(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 \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Fred Elmore

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

**4. Sex** M. **5. Color or race** Colored **6. (a) Single, widowed, married, divorced** Widowed

**8. (b) Name of husband or wife** Leola Elmore **8. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** Aug - 12 - 1927  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
64	10	16	hr. min.

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

**10. Usual occupation** Laborer

**11. Industry or business** Hospital

**MOTHER FATHER**

**12. Name,** Fred Elmore

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

**14. Maiden name,** Winnie Elmore

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

**16. (a) Informant** Mrs. Jessie Williams

**(b) Address** Pleasant Hill, Mo.

**17. (a) Burial** **(b) Date thereof** 6-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Pleasant Hill, Mo.

**18. (a) Signature of funeral director** D. B. Johnson

**(b) Address** Pleasant Hill, Mo.

**19. (a) July 2, 1942** **(b) Margaret Holt**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri, County Cass

(c) City or town Pleasant Hill, Mo.  
(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 June day 28<sup>th</sup>  
year 1942 hour 2:24 minute P. M.

**21. I hereby certify that I attended the deceased from** Feb 23, 1942, to June 27, 1942  
and that I last saw him alive on June 27, 1942,  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Heart Condition **Duration** 2 yrs

**Due to** Chronic alcoholism **10 yrs**

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

**23. Signature** E. C. Albers **(M. D. or other)** \_\_\_\_\_

**Address** Pleasant Hill, Mo. **Date signed** 6/29/42

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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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

*Ch. Nofinger*

Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hill*

**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.**

Registration District No. 157

Primary Registration District No. 4091

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:** Cass

(a) County Cass

(b) City or town Pleasant Hill  
(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)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Fred Elmore

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race B

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 12 1897  
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days \_\_\_\_\_  
If less than one day in min.

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

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

11. Industry of business \_\_\_\_\_

MOTHER FATHER

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 \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January Day 24  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart condition myocarditis

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

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

Other conditions \_\_\_\_\_  
(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)

Means of injury \_\_\_\_\_

23. Signature E A Albers (M. D. or other) \_\_\_\_\_

Address Pleasant Hill Mo Date signed 8-27-42

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

SUPPLEMENTARY

