

S. No. 2  
M-9-4-41  
v. 5-17-39  
I X29484

38246

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 14 1942**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. ....

100  
250

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston  
(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 61 Yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

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

(d) Street No. 218 So. Kingshighway  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME Amanda Narcissus Elmore

3. (b) If veteran, name war ;;

3. (c) Social Security No. ;;

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1940, to Nov. 22 1942  
that I last saw her alive on Nov. 22 1942  
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife George L. Elmore

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

7. Birth date of deceased March 16 1861  
(Month) (Day) (Year)

Immediate cause of death myocarditis, chronic 2 year

Duration 2 year

8. AGE: Years 81 Months 8 Days 7  
If less than one day hr. min.

Due to.....

Due to.....

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

9. Birthplace Carroll County Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN 938

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business ;;;

12. Name Elisha Rowe

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

14. Maiden name Dont know

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

16. (a) Informant Edith Elmore

(b) Address Sikeston Mo.

17. (a) burial (b) Date thereof 11/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morley Mo.

18. (a) Signature of funeral director Welsh Funeral Home

(b) Address Sikeston Mo.

19. (a) 11/26/42 (b) Laurie Largent  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....

23. Signature Laurie Largent (M. D. number).....  
Address Sikeston Mo. Date signed 11-24-42

RECEIVED

District Health Office No. 2,

District File Number 1242-1675

Date Filed 12-11-42

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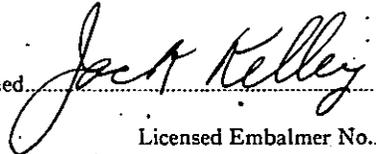
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3788

P. O. Address Sikeston Mo.

**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.**