

FILED DEC 11 1942

Registration District No. 6/139

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Shelby Co.
(b) City or town Clarence Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Furnish Hospital 0 Shelbyna, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days
(Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Clarence Mo.
(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 Thomas E. Elsbery

3. (b) If veteran, name war X 3. (c) Social Security No. P103-502

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Bell Elsbery 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 10th, 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Middle Grove Mo. Monroe
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business X

12. Name Joseph Elsbery

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

14. Maiden name Mary V. Berten

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

16. (a) Informant Mrs. Mary Bell Elsbery

(b) Address Clarence, Mo.

17. (a) Burial (b) Date thereof 11-8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Million & Barkelew

(b) Address Clarence, Mo.

19. (a) Dec. 4-42 (b) Thaddeus Good
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th
year 1942 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Sept., 1942;
that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pleurisy with Effusion
Pneumonia

Due to _____
Due to _____

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

Major findings: Aspirated
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)
(e) Means of injury _____

23. Signature Frank R. Roy (M. D. or other) _____

Address Clarence Mo. Date signed 11-11-42

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

102
0

102
0

RECEIVED

District Health Officer No. 10

District File Number 10-42-4026

Date Filed Dec. - 10 - 1942

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 Ellis Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelburne Vt

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.