

FILED DEC 30 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. ....

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

11  
1  
7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 10 mos 5 dy  
(Specify whether)

In this community Yes  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison

(c) City or town Ridgeway Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 7  
(If rural, give location)

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

3. (a) PRINT FULL NAME Ada A. McElhiney

3. (b) If veteran, name war No

3. (c) Social Security No. 212

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1942 hour 5:30 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 15 1942 to Dec 8 1942 that I last saw him alive on Dec 8th 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 Married

6. (b) Name of husband or wife Charles A. McElhiney

6. (c) Age of husband or wife if alive 7 years (Month) 18 (Day) 80 (Year)

7. Birth date of deceased (Month) Oct (Day) 7 (Year) 1880

Immediate cause of death Myocarditis  
arteriosclerosis several months

Duration

8. AGE: Years 62 Months 2 Days 1 If less than one day hr. min.

Due to 1

Due to

Other conditions (Include pregnancy within 3 months of death) 932

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

10. Usual occupation Housewife at home

11. Industry or business

12. Name Joseph Gale

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

14. Maiden name Maetta Roman

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

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Charles A. McElhiney

(b) Address Ridgeway Mo

17. (a) Removal Dec 8 42 (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeway, Missouri

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?

18. (a) Signature of funeral director Norman W. Sidle

(b) Address 1802 Union, St. Joseph, Mo.

19. (a) 12-9-42 (b) Rose Heigog  
(Date received local registrar) (Registrar's signature)

While at work State Hospital # 2 (Specify type of place) (e) Means of injury

23. Signature R. E. Evans (M. D. or other)

Address State Hospital # 2 Date signed 12/9/42

**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.....

*No. 8, 42*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John L. Hurley*.....  
Licensed Embalmer No. *4050*.....

P. O. Address *St Joseph, 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.**