

FILED APR 5 1943

Registration District No. 218

Primary Registration District No. 3017

Registrar's No. 45

1. PLACE OF DEATH:  
 (a) County COOPER  
 (b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
SYCAMORE AT MAIN STREET  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County COOPER  
 (c) City or town BOONVILLE  
(If outside city or town limits, write "RURAL")  
 (d) Street No. SYCAMORE AT MAIN STREET  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME HAZEL LUCILLE ELBERT

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced. SINGLE

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

7. Birth date of deceased FEBRUARY "29" 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>1</u>	<u>2</u>	..... hr. .... min.

9. Birthplace BOONVILLE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business AT HOME

12. Name WASH ELBERT

13. Birthplace COOPER COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name EOLA COLEMAN

15. Birthplace COOPER COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant WASH ELBERT

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof 4/2/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (c) Mar-30-43 (b) Dr Chas. Swap  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30th  
year 1943 hour 11:45 minute p.M.

21. I hereby certify that I attended the deceased from March 30  
1943, to March 30, 1943,  
that I last saw him alive on March 30, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 days

Due to.....

Due to.....

Other conditions 10  
(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)  
(e) Means of injury.....

23. Signature J.C. Fincher (M. D. or other) M.D.

Address Boonville mo Date signed Mar 31 43

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

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 4-2-43

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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. 3780

P. O. Address Boonville, 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.