S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10395

State File No.

Registration District No. 142

Primary Registration District No. 5556

Registrar's No. 48

1. PLACE OF DEATH:

(a) County: Howell

(b) City or town: Mountain View, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No (Specify whether
In this community: 18 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howell

(c) City or town: Mountain View, Mo
(If outside city or town limits, write "RURAL")

(d) Street No.: RURAL
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Elihu Preston

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: W

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

6. (b) Name of husband or wife: Minnie Preston

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: Jan. (Month) 30th (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
60	1	21	hr. min.

9. Birthplace (City, town, or county): Kentucky (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: William Preston
13. Birthplace (City, town, or county): Kentucky (State or foreign country)

MOTHER
14. Maiden name: Mary LeMay
15. Birthplace (City, town, or county): Kentucky (State or foreign country)

16. (a) Informant: James R. Preston
(b) Address: Mountain View, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/26th 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Chappel Hill Cem,

18. (a) Signature of funeral director:
(b) Address: Mountain View, Mo.

19. (a) 3/30/43 (Date received by registrar) (b) Ruth Hurst (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st, year 1943 hour 11 minute 30 a M.

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

	Duration
Immediate cause of death: Dead when I arrived	
Due to: Angina Pectoris	
Due to: Coronary Sclerosis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 94 F	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Dr W J Dickerson (M. D. or other)
Address: Mountain View Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 John F. Duncan

Licensed Embalmer No. 2516

P. O. Address Mountain View M

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.