

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15250

State File No.

Registrar's No. 258

FILED MAY 7 1943

Registration District No. 316

Primary Registration District No. 6075

## 1. PLACE OF DEATH:

(a) County St. Francois Co.  
(b) City or town Farmington, RURAL, St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Yrs, 5 Mos. 21 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME MAGGIE ELDERS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife Henry Elders 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased February 14 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 1 19 hr. min.

9. Birthplace St. Francois County, Missouri  
Near Three Rivers Church, (State or foreign country)  
None

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Carter Roberts 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Venzuela Martin  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 4-5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Bine Cem., Sprott, Mo.

18. (a) Signature of funeral director Everett Sparks

(b) Address Flat River, Mo.

19. (a) April 10, 1943 (b) Byrdie Buhrmaster  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Farmington  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1943 hour 4 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  
March 29, 1943 19. to April 3, 1943 19.  
that I last saw h. er alive on April 3, 1943 19.  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis 30 days

Due to Infirmities of old age

Due to Psychosis with cerebral arteriosclerosis

Other conditions \_\_\_\_\_  
(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 Lillian Runda (M. D. or other)  
Address State Hospital # 4 Date signed 4/3/43  
Farmington

RECEIVED

District Health Officer No. 4

District File Number 543-2127

Date Filed 5-5-43

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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 *Everett Sparks*

Licensed Embalmer No. 4387

P. O. Address *Flat River 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.**