

FILED JUN 29 1943

Registration District No. _____

Primary Registration District No. 4001

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Novinger
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 23 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Mary Mae Elsea

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 Married

6. (b) Name of husband or wife Carm Elsea 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec. 13 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 5 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Domestic

12. Name Michael Madigan

13. Birthplace Huntington Co., Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Viola Stoneking

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

16. (a) Informant Carm Elsea

(b) Address Novinger, Mo.

17. (a) Burial (b) Date thereof 6/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novinger, Mo.

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirksville, Mo.

19. (a) 6/16/43 (b) Mrs. J. Wayne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Novinger
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1943 hour 11 minute 27 A.M.

21. I hereby certify that I attended the deceased from 1922 to June 9, 1943
that I last saw him or alive on June 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis Duration 18 years

Due to _____
Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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)
Means of injury _____
23. Signature H. T. Garrison, D. (M. D. or other)
Address Novinger, Mo. Date signed 6-11-43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1047

STATEMENT BY LICENSED EMBALMER

JUN 30 1938

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 A. J. Brown
Licensed Embalmer No. 1407
P. O. Address Kirkville 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.