

FILED JUL 12 1943  
Registration District No. 133

Primary Registration District No. 5483

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Harrison Co.  
(b) City or town Rural  
(c) Name of hospital or institution: County home of Harrison County  
(d) Length of stay: In hospital or institution 3 mo.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri of county Harrison 41  
(c) City or town Cassville Mo.  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME FRANK ELMORE

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

4. Sex Male 5. Color or race wht 6. (a) Single, widowed, married 2 divorced, widowed

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

7. Birth date of deceased 1852 (Month) (Day) (Year)

8. AGE: Years 91 Months Days If less than one day hr. min.

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

10. Usual occupation Farmer, Retired

MOTHER FATHER

11. Industry or business  
12. Name Greenberry Elmore  
13. Birthplace Kentucky  
14. Maiden name Mary Jane Randolph  
15. Birthplace Kentucky

16. (a) Informant Eddy Patton (b) Address Bethany Mo.

17. (a) Removal (b) Date thereof 6 28 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cemetery

18. (a) Signature of funeral director J. W. Johnson (b) Address Mansfield Mo.

19. (a) 6-29-43 (b) J. M. Burrows (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day June year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-30-43 to 6-18-1943 that I last saw him alive on 6-18-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with heart failure  
Due to Senility Arteriosclerotic gangrene

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?  
(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 R. R. Lobb (M. D. or other) Address Bethany, Mo. Date signed 6-29-43

Duration

2 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

41  
00

**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.....

*J. Ewan Johnson*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. Ewan Johnson*.....  
Licensed Embalmer No. *3492*.....  
P. O. Address. *Stawberry Ms*.....

**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.**