

5. No. 2  
M-9-4-41  
5-17-41  
I X 288

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21868

Registration District No. 151

Primary Registration District No. 4293

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Elsberry  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln  
(c) City or town Elsberry  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Addie Premelie Hong

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, divorced,  married  
6. (b) Name of husband or wife J.F. Hong 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased March 25 1872 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Elsberry Mo. I (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name William Smith  
13. Birthplace Elsberry Mo. I (City, town, or county) (State or foreign country)  
14. Maiden name Mary Alice Sanders  
15. Birthplace Lincoln Co. Mo. I (City, town, or county) (State or foreign country)

16. (a) Informant Vincent Hong  
(b) Address Elsberry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/43 (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Ridge - Elsberry

18. (a) Signature of funeral director W. J. Ricketts  
(b) Address Winfield Mo.

19. (a) June 10 1943 (Date received local registrar) (b) S. G. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1943 hour \_\_\_\_\_ minute 30 P.M.

21. I hereby certify that I attended the deceased from July - 25 1942 to May - 31 1943 that I last saw her alive on May - 31 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction - Congestive - 2 day  
due to Influenza - 10 day  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions had cerebral neuritis  
(Include pregnancy within 3 months of death)  
about 2 year ago -

Major findings: Of operations \_\_\_\_\_  
Of autopsy 330

Duration  
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) (c) Means of injury \_\_\_\_\_  
23. Signature A. D. Williams (M. D. or other) \_\_\_\_\_  
Address Elsberry Mo. Date signed 6-1-43

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

1193

(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.....

*[Handwritten Signature]*

Licensed Embalmer No. ....

4012

P. O. Address.....

*Winfield, 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.**