

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

SEP 8 1943 316
Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 1114

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
309 Allen St
(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 St. Francois

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. 309 Allen
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARY ELLEN ELDERS

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 rd
year 1943 hour 5 minute 30 P. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, Divorced
Widowed

6. (b) Name of husband or wife George W. Elders 6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased Sept. 19 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-30 1943, to 8-23 1943
that I last attended _____ and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 11 Days 4 If less than one day _____ hr. _____ min.

Immediate cause of death Uremia Duration _____
Hypertension/Heart disease

Due to Hypertension

9. Birthplace Plattin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Other conditions Arthritis, Chronic
(Include pregnancy within 3 months of death)
Pyelonephritis & Cystitis

11. Industry or business _____

12. Name of father William Vinyard

13. Birthplace of father Pharagolgia
(City, town, or county) (State or foreign country)

14. Maiden name of mother Lucinda Stewart

15. Birthplace of mother Plattin Missouri
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy 1330

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mo. Bessie Smith

(b) Address 309 Allen, Bonne Terre

17. (a) Burial (b) Date thereof 8-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Chapel

18. (a) Signature of funeral director Bearham Truck Co

(b) Address 313 Bearham Bonne Terre Mo

19. (a) Aug. 31-1943 (b) Byrdie Burmester
(Date received local registrar) (Registrar's signature)

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 Fulelebin (M. D. or other) MD

Address Bonne Terre, Mo. Date signed 8-26-43

1196

RECEIVED

District Health Officer No. 4
District File Number 943-2638
Date Filed 9-7-43

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

Clarence J. Claywell

Licensed Embalmer No.

3706

P. O. Address

Bonnet Street

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.