

S. No. 2
M-5-42
7-5-17-39
VI X32873

35112

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 178 Primary Registration District No. 4284 State File No. _____ Registrar's No. 92

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town LaBelle
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 50yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis
(c) City or town LaBelle
(d) Street No. None
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Maude E. Elick
3. (b) If veteran, name war no
3. (c) Social Security No. 489-26-9367

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 28
year 1943 hour 5 minute 30 A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased August 5th, 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 16, 1943 to October 27, 1943, that I last saw her alive on October 27, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60 2 23 hr. min.

Immediate cause of death Cerebral Hemorrhage
appoplexy
Due to _____

9. Birthplace Lorraine, Illinois
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) g2a

10. Usual occupation House keeper at Home

11. Industry or business
12. Name Frank Elick
13. Birthplace Louisville, Kentucky
14. Maiden name Martha (Hecox) Elick
15. Birthplace Mendon, Illinois

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Blanche Ballhorn
(b) Address LaBelle, Missouri
17. (a) Burial (b) Date thereof Oct. 30-1943
(c) Place: burial or cremation LaBelle, Mo. Cemetery

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? _____

18. (a) Signature of funeral director Norman D. Goden
(b) Address LaBelle, Missouri
19. (a) 10-28-43 (b) P.W. Jennings
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury g2
23. Signature L. J. Coates (M.D. or other) _____
Address LaBelle Mo. Date signed Oct 28 1943

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

JUN 12 1944

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 Thomas D. Cocher
Licensed Embalmer No. 3721
P. O. Address LaBelle, Missouri.

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.