. No. 2
1—2-43
5-17-43
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

S.P. Martin

35293

State File No.

Registration District No. 218

Primary Registration District No. 5789

Registrar's No. 2

**1. PLACE OF DEATH:**

(a) County Mississippi

(b) City or town Rural Pinhook

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

(c) Name of hospital or institution: Res St Louis Inn

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community Life 1 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Mississippi

(c) City or town Rural 067

(If outside city or town limits, write "RURAL")

(d) Street No. 7 miles South of E. Prairie

(If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** SAM McELMURRY

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex M F

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosa McElmurry

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March (Month) 4 (Day) 1885 (Year)

**8. AGE:** Years 59 Months 6 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace Mississippi Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry McElmurry
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant James Tibson

(b) Address East Prairie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Travis Shelby

(b) Address East Prairie Mo.

19. (a) 10-12-1943 (Date received local registrar) (b) Fannie E Brigman (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Sept. day 16 year 1943 hour 8.15 minute P. M.

21. I hereby certify that I attended the deceased from Sept 12, 1943 to Sept 16, 1943 that I last saw him alive on ___, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage — Duration 3 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 8 30

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S P Martin (M. D. or other)

Address East Prairie Mo Date signed 9-17-43

1 of 11

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 043-1356
Date Filed 10-20-43

## 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 Frank Shelby

Licensed Embalmer No. 272 6

P.O. Address East Prairie M

**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.**