

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35846

State File No. _____

NOV 13 1943

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 2486

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

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:
422 S. Geyer Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: _____ (Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME Marie Tatem

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married Widowed
2 divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 26 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u> ⁵⁵	<u>9</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name John T. McElhany

13. Birthplace Neosho Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Roberts

15. Birthplace Neosho Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie R. Tucker

(b) Address Pierce City, Missouri.

17. (a) Burial (b) Date thereof Nov 9 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 9 - 1943 (b) E. G. McGarran, M. D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis County

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

(d) Street No. 422 S. Geyer Rd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 / 6 / 43 day _____
year 1943 hour 30 minute 6 M.

21. I hereby certify that I attended the deceased from 1940, 19 _____, 19 _____
that I last saw him alive on 10/25/43, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral sclerosis 3 yrs

Due to _____

Due to arteria sclerosis

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

Major findings:
Of operations _____ 97

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. G. McGarran (M. D. or other) MD
Address Pierce City, Mo. Date signed 11/6/43

FEB 7 1945

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

John Agnoski

Licensed Embalmer No. *3398*

P. O. Address.....

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.