

No. 2
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X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1943

Registration District No. 200

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42917

State File No.

Primary Registration District No. 5725

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Macon
(b) City or town rural Hudson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County 5 Infirmary
(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

3. (a) PRINT FULL NAME Eliza Elder

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

4. Sex Female 5. Color or race W 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 March 24 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Macon County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Craig Elder

13. Birthplace Mo. Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Catharine Wright

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

16. (a) Informant Mrs. Rick Moody

(b) Address Macon, Mo

17. (a) Burial (b) Date thereof 11-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. rural

18. (a) Signature of funeral director Stephens & Gooding

(b) Address Macon, Mo

19. (a) 12/3/43 (b) Jera Bunchler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1943 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from _____, 1943, to _____, 1943.

that I last saw her alive on Nov. 7, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Coronary sclerosis

Duration sudden
10 yrs +

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 94 a

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? _____

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

23. Signature J. F. Turner (M. D. or other) _____

Address Macon, Mo. Date signed 12-3-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-48-2015

Date Filed DEC 15 1943

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

C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.