

FILED MAR 14 1944

Registration District No.

Primary Registration District No. 4176

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(name) 601 S. Douglas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 6 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Malden
(If outside city or town limits, write "RURAL")
(d) Street No. 2601 S. Douglas
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Rachel Jane McELRATH

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Sept 5 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 5 8 hr. min.

9. Birthplace Dexter Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation retired housewife

11. Industry or business none

MOTHER FATHER
12. Name James Cooper
13. Birthplace unknow Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Dewdy
15. Birthplace unknow Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond McElrath
(b) Address Malden, Mo.

17. (a) Burial (b) Date thereof Feb. 14 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dewdy Cemetery, Dexter

18. (a) Signature of funeral director Dave General Horn

(b) Address Malden, Mo.

19. (a) 2-16-44 (b) T. D. Elder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 44 hour 8 minute A M.

21. I hereby certify that I attended the deceased from July 1
1887 to Feb. 13, 1944
that I last saw her alive on Feb 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to arterial sclerosis

Due to.....

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
8 yrs.

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 Leo Carter (M.D. or other)
Address Malden Date signed Feb 14 1944

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

25
3
1

APR 26 1944

RECEIVED
District Health Office No. 2,
District File Number 344-452
Date Filed 3-9-44

APR 18 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 J. B. Schuman
Licensed Embalmer No. 4086
P. O. Address Malden

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.