

FILED MAR 10 1944

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Stella Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
(Specify whether _____)
In this community 84 Yrs
years, months or days

8. (a) PRINT FULL NAME Martha Jane Elswick

8. (b) If veteran, name war _____ (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 Nov. 4 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Stephen Elswick

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

14. Maiden name Lucinda Hale

16. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Elswick

(b) Address Stark City, Missouri

17. (a) Burial (b) Date thereof Febr. 26 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia

18. (a) Signature of funeral director Wm. Morris Payne

(b) Address Wheaton, Missouri

19. (a) 3-3 1944 (b) Alpha R. Hale Dyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Stella
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 25
year 1944 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 31 1943 to Feb 25 1944
that I last saw him alive on Feb 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Complications following pneumonia - aged
Due to old age

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

Major findings: Of operations _____

Of autopsy _____

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. H. Elswick (M. D. or other)

Address Stella Mo Date signed 3/3/44

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

23
0
0

Duration
10 9 11

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 3.6-44

District File Number 244-37

Date Filed 3-7-44

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.....

Wm Maria Toque

Licensed Embalmer No. 3442

P. O. Address Whester, 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, above space should be left blank.