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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944

Registration District No. 208

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5763

State File No. 22048

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(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 No

3. (a) PRINT FULL NAME ELSIE MAE DUFF

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife Joseph J Duff

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased 4 (Month) 24 (Day) 1868 (Year)

8. AGE: Years 76 Months Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name M. V. Hathaway

13. Birthplace New York City N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Esther Goldman

15. Birthplace New York City N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leslie F. Hathaway

(b) Address Philadelphia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Dunn Cem Philadelphia

18. (a) Signature of funeral director B. M. Allen

(b) Address Philadelphia Missouri

19. (a) 5/19/44 (Date received local registrar) (b) Mrs Margaret Moddy Deputy (Registrar's signature)

1145

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18 year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 10, 1935, to May 18, 1944, that I last saw her alive on May 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral stenosis — Duration Unknown

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

92b

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 C. E. Shuver (M. D. or other) D.O.

Address Philadelphia Mo Date signed 5/19/44

(Licensed Embalmer's Statement on Reverse Side)

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 B. M. Allen

Licensed Embalmer No. 2437

P. O. Address Philadelphia Pa

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.