

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 16 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28137**

Registration District No. **170**

Primary Registration District No. **5632**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Oakland Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osage Hosp
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(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? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME IDA MYRTLE M. ELROY

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife J.W. M. Elroy
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 25 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Lampkins

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

14. Maiden name Susan M. Gilmore

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

16. (a) Informant Glen M. Elroy

(b) Address Oakland Mo.

17. (a) Burial (b) Date thereof 6-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) July 28-44 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1944 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 22, 1944, to June 24, 1944;
that I last saw her alive on June 22, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Ulcerative disease of the heart
Duration _____

Due to _____

Due to _____

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 C. E. Coulter (M. D. or other) _____

Address Stoutland Mo. Date signed 6-28-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Received

Laclede County Health Unit

File No. 7-44-93

Date Filed 8/15/44

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.