S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41305

Registration District No. 140 Primary Registration District No. 3549 Registrar's No. 78

1. PLACE OF DEATH:

(a) County Howard Fayette

(b) City or town Rural Richmond 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
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 45

(a) State Missouri (b) County Howard

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. 5 Fayette, Mo.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Earl Elders

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida May Gilmore Elder

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March (Month) 4 (Day) 1892 (Year)

8. AGE: Years 52 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas Elder
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Hettie McKinzie
15. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Ida May Gilmore Elder
(b) Address R. F. D. 5 Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Smith Chapel Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 11-28-1944 (Date received local registrar) (b) Ernest McWilliams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26 year 1944 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from 11-26-44, 19 , to 11-26, 1944 that I last saw h alive on 9-10, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Chr. Cardio-Vascular Renal disease	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wa Bloom (M. D. or other) M.D.
Address Fayette Mo Date signed Coroner 11-27-44

1321 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-16-44

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.