

S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 179

Primary Registration District No. 4289

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Hawkspoint mo
(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) 1

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57

(c) City or town Hawkspoint Mo
(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..... 11

3. (a) PRINT FULL NAME JOE ELMORE

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

4. Sex male 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 October 9 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant George Presley

(b) Address 780 Hawkspoint Mo

17. (a) Burial (b) Date thereof Dec 8 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hawkspoint Cem

18. (a) Signature of funeral director Wayne M E Coy

(b) Address Troy Mo

19. (a) Dec 30 44 (b) Mrs. Floy Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th
year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1944 to Dec 4th 1944
that I last saw him alive on Dec 4th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 1

Due to 1

Other conditions (Include pregnancy within 3 months of death) 63th

Major findings: Of operations.....

Of autopsy.....

Duration

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? (c) Means of injury.....

23. Signature V. E. Althoff (M. D. or other) D.O.
Address Troy Missouri Date signed 12/4/44

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

57
00

118

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-15-45

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 Wayne Mc Coy

Licensed Embalmer No. 3586

P. O. Address J. Roy Moore

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.