

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13827

State File No. ....

FILED MAY 8 1945

Registration District No. ....

Primary Registration District No. 5675-

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Elstern Bural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1 miss  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution all life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

E. H. A. SUSAN BENEAR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Alex 6. (c) Age of husband or wife if alive years (Month) (Day) (Year) 22 1868  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 3 12 hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Thomas Dudley

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

14. Maiden name X

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

16. (a) Informant Robert Dudley

(b) Address Elstern

17. (a) Bural (b) Date thereof 4-7-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elstern Cemetery

18. (a) Signature of funeral director W. B. Dudley

(b) Address Elstern

19. (a) Apr 30 1945 (b) J. B. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln  
(c) City or town Elstern Bural  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. [DATE OF DEATH: Month April day 4  
year 1945 hour 10 minutes 30 P M.

21. I hereby certify that I attended the deceased from ..... 19....., to ..... 19.....;

that I last saw h. alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 831

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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. B. Williams (M. D. or other) Do

Address Elstern Mo Date signed 4-14-45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer, No. 9,

District File Number.....

Date Filed 5-7-45

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.....

*W. A. Bradley*

Licensed Embalmer No.....

*3986*

P. O. Address.....

*E. L. Perry*

**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.**