. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26948

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 221

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Campbell R. 3
(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 Lee Ambros Daniel McElyea
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 William McElyea
6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased Feb. 7 1859 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	5	27	hr. min.

9. Birthplace Campbell (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business —
MOTHER FATHER
12. Name George McElyea
13. Birthplace — (City, town, or county) Tenn. (State or foreign country)
14. Maiden name Jane Winters
15. Birthplace — (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Mrs. Pearl Comer
(b) Address Campbell Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Gravel Hill (Mo)
18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell Missouri
19. (a) 8/7/45 (Date received local registrar) (b) Belle Turner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th year 1945 hour — minute 10:00 AM.
21. I hereby certify that I attended the deceased from 8-1, 1945 to 8-4, 1945 that I last saw him alive on 8-4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to Injury to left leg	
Due to Fall	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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) Accident 35
(b) Date of occurrence 7-15-45
(c) Where did injury occur? Home (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 D
Signature J. M. Hogsmeden (M. D. or other)
Address Poplar Bluff Mo. Date signed

72 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 845-1082
Date Filed 8-17-45

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 Christina M Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.