S. No. 2
M—5-43
5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28126

FILED SEP 11 1945

State File No.

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 70

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community 5 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bernard Charles McElroy

3. (b) If veteran, name war No.

3. (c) Social Security No. 348-09-8238

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife MARIE McElroy

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Nov - 21 - 1901
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Belvidere Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Constructing

11. Industry or business ✓

FATHER
12. Name Joseph McElroy
13. Birthplace Woodstock Ill. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Muldoon
15. Birthplace Woodstock Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Marie McElroy
(b) Address Caruthersville, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-17-45
(Month) (Day) (Year)
(c) Place: burial or cremation Monmouth, Ill.

18. (a) Signature of funeral director La Forge Undt Co
(b) Address Caruthersville, Mo.

19. (a) 8-16-1945 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day ~~1930~~ 15
year 1945 hour 11:30 minute M.

21. I hereby certify that I attended the deceased from August 10, 1945, to Aug. 15, 1945
that I last saw him alive on August 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration: Immediately

Due to Hypertention, arterio-sclerosis, myocardial condition.

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 F. E. Bond M.D. (M. D. or other)

Address Hayti, Mo. Date signed 8-16-45

1206 (Licensed Embalmer's Statement on Reverse Side)

8-45-166

JUL 8 1945

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 Leo Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.