. 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 NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34766

Registration District No. 321 Primary Registration District No. 6086 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Napton, Mo. Salt Fork Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R. 2 / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ## years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Napton (If outside city or town limits, write "RURAL") 0

(d) Street No. R. F. D. 2 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Marvin Eugene Elsea

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced # 0

6. (b) Name of husband or wife

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

7. Birth date of deceased October 10, 1945 (Month) (Day) (Year)

8. AGE: Years - Months - Days - If less than one day 10 hr. ..... min.

9. Birthplace Napton (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business " "

FATHER
12. Name William L. Elsea
13. Birthplace Concordia (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Albertina Opher
15. Birthplace Grand Pass (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant William L. Elsea

(b) Address Napton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge of Cemetery

18. (a) Signature of funeral director J. Leslie Surrey

(b) Address Marshall Mo.

19. (a) Oct. 10, 1945 (Date received local registrar) (b) Mrs. W. E. Shackelford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1945 hour 10 minute 30 a M.

21. I hereby certify that I attended the deceased from Oct. 10. 1945, 19..., to Oct 10. 1945 that I last saw him alive on Oct. 10, 1945, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Unknown	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 200

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 C. L. Lawless Coroner Saline Co. (M. D. ~~or other~~)

Address Marshall Date signed 10-10-45

1225

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-6-45

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 J. Leslie Surrey

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.