

STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1945

State File No. 38081

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 150

1. PLACE OF DEATH:

(a) County... Nodaway
(b) City or town... Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
323 Weats 5th street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 23 years
(Specify whether years, months or days)
In this community...

3. (a) PRINT Name Boyd Thomas Elders

3. (b) If veteran, no 3. (c) Social Security No.

4. Sex male 2 5. Color or race colored 6. (a) Single, widowed, married, divorced married
7. Birth date of deceased Oct. 26, 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business James Elders

12. Name unknown 9

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

14. Maiden name 9

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

16. (a) Informant Maryville, Mo.

(b) Address burial 10-11-45

17. (a) (Burial, cremation, or removal) Oak Hill cemetery (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Price Funeral Home

18. (a) Signature of funeral director Maryville Mo.
(b) Address

19. (a) Oct. 11 45 (b) Beas Hold (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. no (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 8
1945 year 7 hour 45 minute A.M.

21. I hereby certify that I attended the deceased from September 1, 1945, to Oct 8, 1945, that I last saw him alive on Oct 6, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of left lung (unresected) Primary

Due to

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 and 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. C. Bleymer (M. D. or other)
Address Maryville Mo. Date signed 10/12/45

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.