

S. No. 2
4-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4935

FILED FEB 28 1946

Primary Registration District No. 4124

Registrar's No. 11

1. PLACE OF DEATH

(a) County Clark
(b) City or town Kahoka
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23
(c) City or town Kahoka
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) D
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William H. Elwell
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 9th
year 1945 hour 10 minute 45 A M.

4. Sex M. O 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margaret E. Whitlanglin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 9 - 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1 45 to Dec 9 45
that I last saw him alive on Dec 9 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 4 Days 0 If less than one day hr. min.

Immediate cause of death Pericardial Hemorrhage
Duration _____

9. Birthplace Brazil Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Merchant

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____
12. Name Peter Elwell
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Joan Bruchman
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Major findings: Of operations §30
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. W. Suter
(b) Address Kahoka Mo.
17. (a) Burial (b) Date thereof 12-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kahoka Cemetery
18. (a) Signature of funeral director Fred F. Kelly
(b) Address Kahoka Mo.
19. (a) 1-16-46 (b) J. B. Dwyer
(Date received local registrar) (Registrar's signature)

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? _____
While at work _____ (Specify type of place) (e) Means of injury 0
25. Signature [Signature] (M. D. or other) _____
Address Kahoka Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100977

MAR 4

RECEIVED

District Health Officer No. 10

1946 District File Number 2-46-245

Date Filed

FEB 25 1946

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. J. Karle

Licensed Embalmer No. 1023

P. O. Address *Kalisto 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.