

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32762

State File No.

Registrar's No. 1142

FILED OCT 16 1948
Registration District No. 400

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. 3 mos. 25 days
(Specify whether years, months or days)
In this community, 3 years 3 months 7 days

3. (a) PRINT FULL NAME JAMES HENRY ELDERS.

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive, years --
7. Birth date of deceased. ? - ? - 1853
(Month) (Day) (Year)

8. AGE: Years 93 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Common Labor

11. Industry or business Railroad track laborer

MOTHER FATHER { 12. Name Unknown 13. Birthplace Unknown Louisiana
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 15. Birthplace Unknown Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Ma Marie Walden

(b) Address Gallatin, Missour

17. (a) Perkonal (b) Date thereof 10-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gallatin, Mo.

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Mo.

19. (a) Oct. 10, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 31
(c) City or town Gallatin 1
(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 --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9
year 1946 hour 4 minute -- A.M.

21. I hereby certify that I attended the deceased from 6-14-1943 to 10-8-1946
that I last saw him alive on 10-8-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration 15 years

Due to --

Due to --

Other conditions Psychosis (prejud) 5 years
(Include pregnancy within months of death)

Major findings: Of operations -- PHYSICIAN --

Of autopsy 84D 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?

While at work? (Specify type of place) (e) Means of injury --

23. Signature J. H. Marroway (M. D. or --)
Address State Hospital No. 2 Date signed 10-9-46

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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.....

L.O. Pichessner

Licensed Embalmer No.

3305

P. O. Address.....

Gallatin, 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.