S. No. 2
M—12-45
V. 5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37944

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Four Day (Specify whether years, months or days) In this community Life Time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Louisiana (If outside city or town limits, write "RURAL")
(d) Street No. 917 Georgia St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NANNIE GEORGIA McELWEE
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased June (Month) 16 (Day) 1865 (Year)
8. AGE: Years 81 Months 5 Days 1 If less than one day hr. min.
9. Birthplace Pike County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name C. P. McElwee
13. Birthplace Pike County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Mary Jane Edwards
15. Birthplace Pike County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Hazel Ogden
(b) Address Louisiana, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana, Missouri
18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana Missouri
19. (a) 11-18-46 (Date received local registrar) (b) Bernice Collins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17 year 1946 hour 2 minute 00 a.m.
21. I hereby certify that I attended the deceased from 1939, to 11-17-1946 that I last saw her alive on 11-16-1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Phlebitis of heart	
Due to: Chronic Myocarditis	
Due to: Pernicious Anemia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 None
(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 [illegible] (M. D.)
Address Louisiana, Mo. Date signed 11-18-46

374 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-46-2264
Filed DEC 10 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. B. Stone

Licensed Embalmer No. 4639

P. O. Address Lawson, 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.