

Registration District No. 180

Primary Registration District No. 5672

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Monroe 4291  
(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 In This Community (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57

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

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELVIRA LESTER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F / 5. Color or race W

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 Sept 26 1899  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1947 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 1945 that I last saw her alive on May 23 1947; and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, acute

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 97

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

97 7 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Mont. Battle

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

14. Maiden name Carolina Segrest

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

16. (a) Informant Oliver Lester

(b) Address Foley Missouri

17. (a) Burial (b) Date thereof 5-26-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thornhill Cem.

18. (a) Signature of funeral director Wayne Mc Coy

(b) Address Jay Mo

19. (a) 5-26-47 (b) P.S. Newsham  
(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

23. Signature J.S. Harris (M. D. or other) \_\_\_\_\_

Address Jay Date signed 5-26-47

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

7  
0  
3

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUN 3 1947

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..... *Wayne Mc Coy* .....  
Licensed Embalmer No. *3586* .....  
P. O. Address..... *Jacoby 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.**