

FILED JUL 11 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20564

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 556

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
457 Cherry  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Year  
(Specify whether  
In this community 1 Year  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 999  
(c) City or town Siloam Springs 3  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 2  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis A Elkins

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 Widowed

6. (b) Name of husband or wife William Henry Elkins 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased May 6 1871  
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation Home

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

12. Name Sam George

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

14. Maiden name Mandy Bowlin

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

16. (a) Informant Charles A. Elkins

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 6/22/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Siloam Springs, Ark.

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 6-22-47 (b) MS Handley WJ  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1947 hour 8 minute 9 P. M.

21. I hereby certify that I attended the deceased from Unattended by physician  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death probably chronic myocarditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 930

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 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 local registrar  
23. Signature MS Handley WJ (M. D. or other)  
Address Springfield Mo. Date signed 6/22/47

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

JUL 17 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 *Walter E. Hamella*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Burgfeld 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.**