

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 2 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21507  
Registrar's No. 108

Registration District No. 383

Primary Registration District No. 5655

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

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 302 days  
In this community 302 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elsie Mae Maxwell  
3. (b) If veteran, name war no  
3. (c) Social Security No. unknown

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Maxwell  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased September 8 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 9 10 hr. min.

9. Birthplace: Rolla - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William B. Tennyson  
13. Birthplace Rolla, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Anna M. Emerson  
15. Birthplace Rolla, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk  
(b) Address Mo. State San, Mount Vernon, Mo.

17. (a) Removal (b) Date thereof June 18 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo  
18. (a) Signature of funeral director Mill & Son 7th  
(b) Address Rolla, Mo

19. (a) 6-27-47 (b) McMichael  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Phelps  
(c) City or town Rolla  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 2, Box 322  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 18  
year 1947 hour 2 minute 32 P.  
21. I hereby certify that I attended the deceased from August 21, 1946, to June 18, 1947;  
that I last saw her alive on June 18, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis  
Duration over 1 Yr.

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

Other conditions 13 B  
(Include pregnancy within 3 months of death)

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 0

23. Signature C. Hellweg M.D. (M. D. or other) \_\_\_\_\_  
Address Mo. State San, Mount Vernon, Mo. signed 6-18-47

RECEIVED

District Health Officer No. 6;

District File Number 647-671

Date Filed JUN 30 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.....

..... *By me* ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Max L. Jorsett* .....,  
Licensed Embalmer No. *4752* .....

P. O. Address *Milwaukee Wis* .....

**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.