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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 387
Registrar's No.

Registration District No. 1

Primary Registration District No. 4063

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O.C. Humphrey Apartments /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community, 50 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary Wells Eldridge
3. (b) If veteran, name war XXX
3. (c) Social Security No. XXX

4. Sex Female / 5. Color or White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Herbert Eldridge
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased July 31 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 5 14 XX hr. XX min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Dr. J. W. Tuttle
13. Birthplace Long Island N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Lewis
15. Birthplace Solwintown Connecticut
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Bertha Booth
(b) Address Hamilton, Mo.

17. (a) Burial (b) Date thereof Jan. 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem. Hamilton, Mo.

18. (a) Signature of funeral director Bram Funeral Home
(b) Address Hamilton, Mo.

19. (a) Jan. 16, 1948 (b) Madys Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell / 13
(c) City or town Hamilton /
(If outside city or town limits, write "RURAL")
(d) Street No. 227 No. Davis /
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th
year 1948 hour 10 3 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan 14th
1948 to Jan 15th 1948
that I last saw her alive on Jan 15 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration
un-
known

Due to Cardiovascular renal UN-KNOWN
disease

Due to
Other conditions venous
(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?
MO.

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

23. Signature Frank R. Duley (M. D. or other) MD
Address Hamilton, Mo. Date signed Jan 21 1948

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

..... R. Lester Brain, Registered Apprentice No. 456
working under my personal supervision.

Signed

R. L. Brain
.....
Licensed Embalmer No. 3052

P. O. Address Hamilton, 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.