

S. No. 2
1-2-43
5-17-39
I X35697

FILED FEB 18 1948

Registration District No. 387

Primary Registration District No. 4086

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Tina
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home of Mrs Myrdath Adrain /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years,
(Specify whether years, months or days)

In this community five years,
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll / 7

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

(d) Street No. _____
(If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME: Magdolne Griffin Eldridge

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Daniel F. Eldridge 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 6th 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business same

12. Name Smith Griffin /

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

14. Maiden name Lydia Ramsey /

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

16. (a) Informant Mrs Myrdath Adrain

(b) Address Tina, Missouri

17. (a) Almyra, Ark. (b) Date thereof 1/21/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Almyra, Arkansas

18. (a) Signature of funeral director Clifford W. Austin

(b) Address Tina, Missouri

19. (a) 1-21-48 (b) Mrs R. Henderson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day January
year 1948 hour 1:40 minute A.M.

21. I hereby certify that I attended the deceased from Jan - 6 - 1948
2 to Jan. 20 1948
that I last saw her alive on Jan. 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC FAILURE Duration 1 yr.

Due to Senility

Due to Generalized ANEURISMA

Other conditions (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 2

23. Signature R. W. Matheny (M. D. or other) D.O.

Address Chillicothe, Mo. Date signed 1-20-48

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

17
6
0

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-17-48

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 Clifford W Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.