

FILED MAR 23 1948

Registration District No. **39**

Primary Registration District No. **623**

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

1. PLACE OF DEATH:

(a) County **Holt**

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

(c) Name of hospital or institution: **✓**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **✓**
(Specify whether years, months or days) **19 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Holt** **44**

(c) City or town **Maitland** **3**
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME **William Thomas Elder**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **10**
year **1948** hour **3** minute **00** A. M.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Burdie R. Elder**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Mar. 23 - 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11/24**, 19**47**, to **March 9**, 19**48**
that I last saw **him** alive on **March 9**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Lung** **5 mo.**
Duration

8. AGE: Years **78** Months **11** Days **17** hr. _____ min. _____
If less than one day

Due to _____
Due to _____

9. Birthplace **Forest City Mo. D**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation **Farmer**

Major findings: **47D**
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name **Wm. J. Elder**

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

14. Maiden name **Louisa Sellow**

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

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? _____

16. (a) Informant **Mrs. Wm. Thos. Elder**

(b) Address **Maitland, Mo.**

17. (a) **Burial** (b) Date thereof **3-12-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial**

While at work? _____
(Specify type of place) (e) Means of injury **2**

18. (a) Signature of funeral director **G. M. Atchison**

(b) Address **Maryville, Mo.**

19. (a) **3-17-48** (b) **John**
(Date received local registrar) (Registrar's signature)

23. Signature **M. C. New** (M.D. or other) **DO.**
Address **Maitland, Mo.** Date signed **3/10/48**

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

Signed G. M. Atkinson
Licensed Embalmer No. 2279
P. O. Address Maryville, 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.