

S. No. 2
4-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8533

FILED MAR 24 1948

State File No. _____

Registration District No. 143

Primary Registration District No. 4232

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Willow Springs
(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 _____)
In this community Two years
years, months or days

3. (a) PRINT FULL NAME Lovisa Jane McElroy

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W / 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Charles B. McElroy / 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased October 19, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 3 19 _____ hr. _____ min.

9. Birthplace Divions Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Clemmer

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

14. Maiden name Fannie Fisher

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

16. (a) Informant Mrs. Ruby Demkowski

(b) Address Willow Springs, Mo.

17. (a) Removal (b) Date thereof 2/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mansfield, Missouri

18. (a) Signature of funeral director Adkins

(b) Address Willow Springs, Mo.

19. (a) 2/12/48 (b) Marshall Bell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46

(c) City or town Willow Springs 2
(If outside city or town limits, write "RURAL")

(d) Street No. 403 Campbell 5
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8
year 1948 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11-5-1947 to 2-8-1948
that I last saw h alive on 2-7-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus 14x
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: 4 B

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 _____

23. Signature Dr. Callihan (M. D. or other) _____

Address Willow Springs, Mo Date signed 2-7-48

RECEIVED

Dis. No.

Case No. 8,

District File No.

348208

Date Filed

3-20-48

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.....

Fred W. Burns

Registered Apprentice No. *413*

working under my personal supervision.

Signed.....

J. Burns

Licensed Embalmer No. *3379*

P. O. Address *Willow Springs, 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.