

11227

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BUREAU OF THE CENSUS  
FILED APR 9 1948Registration District No. 339Primary Registration District No. 6149Registrar's No. 4

## 1. PLACE OF DEATH:

- (a) County Stoddard  
 (b) City or town Wappapelle, Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Duck Creek Pumph 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_ years, months or days) Life3. (a) PRINT FULL NAME Gremen Eledge

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 1)

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased Dec. 10 1947  
(Month) (Day) (Year)8. AGE: Years \_\_\_\_\_ Months 3 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Wappapelle Mo U  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name C. M. Eledge13. Birthplace Ballingue Co Mo  
(City, town, or county) (State or foreign country)14. Maiden name Marie Shannon15. Birthplace Butler Co Mo U  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature C M Eledge(b) Address Wappapelle Mo17. (a) Burial (b) Date thereof Mar 20 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ham Pawa Cem.18. (a) Signature of funeral director Glenn Morgan(b) Address Pixies Mo19. (a) 3-24-48 (b) Glenn Morgan  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Stoddard  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Duck Creek Pump  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
year 1948 hour 2 minute 30 A.M.21. I hereby certify that I attended the deceased from 1/2 - 1948 to 3/20 - 1948  
that I last saw him alive on 3/1 - 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Broncho pneumonia 4 daDue to Cerebral heart disease & Patent DuctusDue to arteriosclerosis

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 \_\_\_\_\_

23. Signature Glenn Morgan (M, D. or other) \_\_\_\_\_Address Wappapelle Mo Date signed 3/23/48

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Office No. 2,

District File Number 442-765

Date Filed 2-8-48

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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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**