FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

22971

State File No.

FILED AUG 10 1948

Registration District No. 7 8 7

Primary Registration District No. 4 2 1 8

Registrar's No. 2 1 6 7

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One week
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town Rural Golf Campo
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Elva Edith La Rue

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Albert T. La Rue

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August (Month) 25 (Day) 1948 (Year)

8. AGE: Years 65 | Months 11 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Henry County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Paschal Raymond
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Albert T. La Rue
(b) Address Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Harmony Cemetery Benton County, Mo.

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor Mo

19. (a) 8-6-1948 (Date received local registrar) (b) R. R. Kemper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1948 hour 11 minute 10 a M.

21. I hereby certify that I attended the deceased from July 15 1948, to Aug 3 1948 that I last saw h[illegible] alive on Aug 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Portal cirrhosis liver	?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations cirrhosis liver	
Of autopsy 2 1 5 / 2 4	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Ray O. Jordan (M. D. or other)
Address Windsor Mo Date signed 8-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 16 1948

RECEIVED
District Health Officer No. 7
District File Number 7-48-911
Date Filed 8-9-48

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 William M. Jessup, Registered Apprentice No. 470 working under my personal supervision.

Signed Elwin M. Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor

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.