No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

FILED NOV 16 1948

Registration District No. 240

Primary Registration District No. 4321

Registrar's No. 163

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

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 65

(c) City or town Mercer
(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 Annie McElfish

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced wiodw 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased July 15, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	3	15	..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business .....

FATHER
12. Name James P. Cox
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

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

16. (a) Informant Dan Cox
(b) Address Princeton, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-1-48
(Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Noel Moss
(b) Address Princeton, Mo

19. (a) 11-1-48 (Date received local registrar) (b) M. J. Ruth Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 4, 1947, to Oct 30, 1948
that I last saw her alive on Oct 28, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	15 mins
Due to Hypertensive Heart Disease	yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 2

23. Signature Geo Davison (M. D. or other) Do.

Address Mercer, Missouri Date signed Nov 1, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Me ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Paul Moss

Licensed Embalmer No. 2634

P. O. Address Cameron 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.