

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

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37823

FILED NOV 23 1948

Registration District No. 250

Primary Registration District No. 4376

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Nodaway

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 68 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Guilford  
(If outside city or town limits, write "RURAL")

(d) Street No. none  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELSIE MARIE BARRACLOUGH

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 George F. Barraclough 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Feb. 25 1880  
(Month) (Day) (Year)

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

68	8	10	hr. min.
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9. Birthplace Guilford Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Carl Christian Nelson

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

14. Maiden name Martena Nelson

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

16. (a) Informant Mr. George F. Barraclough

(b) Address Guilford, Missouri

17. (a) burial (b) Date thereof 11/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Missouri

19. (a) 11-11-48 (b) Dr. Elva Kenshaw  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5  
year 1948 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2 Aug. 1947 to 5 Nov. 1948; that I last saw him alive on 31 Oct 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease  
Thyrotoxicosis

Duration 10 yrs  
2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations not made

Of autopsy not had

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) (c) Means of injury \_\_\_\_\_

23. Signature Char. D. Humbard (M. D. or other) MD.

Address Baronard, Mo. Date signed 11/9/48

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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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.....

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

Signed *John W. Price*

Licensed Embalmer No. *4221*

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.**