No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 16 1948

Registration District No. 396

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 41229

Registrar's No. 386

94

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St.Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mos. 22 das. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St.Francois 94

(c) City or town Flat River 5
(If outside city or town limits, write "RURAL")

(d) Street No. 302 Congress St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME CHAMP CLARK McELVAIN

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 489-14-8112

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pearl A. Scott

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

7. Birth date of deceased December (Month) 7, (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	11	27	..... hr. ..... min.

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

10. Usual occupation Lead miner and salesman

11. Industry or business .....

FATHER
12. Name William Franklin McElvain
13. Birthplace Mississippi County, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bratcher
15. Birthplace Mississippi County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation St.Francois Mem.Park Cem., Desloge, Mo.

18. (a) Signature of funeral director Geo R Caldwell
(b) Address Flat River Mo.

19. (a) 12-6-48 (Date received local registrar) (b) Esther Rudloff 289 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4
year 1948 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from October 12, 1948, to December 4, 1948;
that I last saw him alive on December 4, 1948, 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lung Abscess	11 das.
Due to Pneumonia	14 das.
Due to Dementia Praecox Psychosis	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy No autopsy.

84B

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 .....

23. Signature John A Brennan M.D. (M.D. or other)
Address Farmington, Missouri Date signed 12/4/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

Number 1248-1523

Date 12-14-48

DEC 27 1948

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 Geo. R. Caldwell Registered Apprentice No. working under my personal supervision.

Signed Geo. R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River 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.