

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**22216**  
Do not use this space.

REC'D JUL 6 1939 2

1. PLACE OF DEATH  
 (a) County Henry 1 Registration District No. 347  
 (b) Township Clinton mo Primary Registration District No. 30LD  
 (c) City Clinton mo Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 50 yrs. 1 mos. 30 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank A Elsner  
 (a) Residence, No. 77 main street (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Elsner  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-21-1854  
 7. AGE YEARS 85 MONTHS 11 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 59  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo  
 13. NAME Adolphus Elsner  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Praque Austria  
 15. MAIDEN NAME Frances  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France  
 17. INFORMANT Marguerite Elsner (ADDRESS) Clinton mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Coughwood DATE 6-18-39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. R. Hampton Clinton mo  
 20. FILED 1-24 1939 W. J. R. Hampton Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-1939  
 22. I HEREBY CERTIFY, That I attended deceased from 1-1-1939 to 6-15-1939  
 I last saw him alive on 6-10-1939 Death is said to have occurred on the date stated above, at 10:20 PM  
 The principal cause of death and related causes of importance were as follows:  
running pneumonia Date of onset 6-12-39  
131 59  
 Other contributory causes of importance Chronic Bronchitis & Nephritis 1939  
Duchenne's 1920  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. J. R. Hampton, M. D.  
 (Address) Clinton mo

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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WWW.VITALSTATISTICS.MO THIS IS A PERMANENT RECORD

**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.....

*Fred Wilkerson*

Licensed Embalmer No. *2478*

P. O. Address..... *Clinton, 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, above space should be left blank.**