REC'D AUG 17 1939

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

25959
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 411
(b) Township Galena — Primary Registration District No. 5569 — Registered No.
(c) City Joplin — (d) Street No. Route #3 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 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 456 JESSIE THOMAS ELMORE
(a) Residence, No. Route #3 St.
(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 (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mattie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 1, 1857

7. AGE: YEARS 82 — MONTHS 4 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Laffayette Indiana

FATHER
13. NAME: Mathias Elmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Elizabeth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Ellen Elmore Joplin, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jasper, Mo DATE 7-13-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Thornhill-Dillon Joplin, Mo

20. FILED 7-13 1939 E. D. Jasper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 37, to July 12, 1939
I last saw him alive on June 25, 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. parenchymatous nephritis	Don't know
Chr. nephritis	Long standing

Other contributory causes of importance:

Name of operation: None — Date of
What test confirmed diagnosis? physical signs — Was there an autopsy? no

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? no
If so, specify
(Signed) James A. O'Brien M. D.
(Address) 614½ Main St. Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Office No. 6,
District File Number 839-1614
Date Filed AUG 9 1939

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, David Dillon, or by .....,

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

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin 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.