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

35586
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85 — Registered No. 1107
(b) Township or City St. Joseph — Primary Registration District No. 1001
(c) (d) Street No. 408 E.Kansas 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 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME RAYMOND WILLARD ELDER
(a) Residence, No. 408 E.Kansas 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thelma Ann Elder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb.22nd.1900

7. AGE: YEARS 39 — MONTHS 8 — DAYS 4 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Office Employe
9. Industry or business in which work was done, as saw mill, bank, etc.: Armour & Co.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kingsley Iowa

FATHER
13. NAME: Rev. S.I. Elder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knoxville Iowa

MOTHER
15. MAIDEN NAME: Minnie Harmes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Waterloo Ind.

17. INFORMANT (ADDRESS): Mrs. Thelma Elder 408 E.Kansas St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Memorial Park DATE: Oct.28th. 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): FLEEMAN & SON, INC. 1946 Calhoun St. Joseph, Mo.

20. FILED: Oct. 27, 1939 H. J. Nestlebush, Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct.26th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1939, to Oct. 26, 1939. I last saw him alive on Oct. 26, 1939. Death is said to have occurred on the date stated above, at 7.35 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute myocarditis | 10/13/39 |
| 91 W | |

Other contributory causes of importance:

| | |
|---|---|
| Upper respiratory infection | 10/1/39 |
| Acute pericarditis and endocarditis | 10/13/39 |

Name of operation: none — Date of
What test confirmed diagnosis? Clinical — 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) E. S. Grant, M. D.
(Address) St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X16605

## 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 C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**