

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

36485
Do not use this space.

NOV 29

1. PLACE OF DEATH

(a) County Haskell Registration District No. 449
 (b) Township 1 Primary Registration District No. 4267 Registered No. _____
 (c) City Lebanon (d) Street No. _____
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

450 Charley Martin Elen
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Bachelor

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 01

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haskell Co Mo

FATHER 13. NAME G W Elen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Martha Tenn King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Hugh Mizer
Lebanon

18. BURIAL, CREMATION, OR REMOVAL Buried
Haskell Co Mo 10 24 1939

19. FUNERAL DIRECTOR (ADDRESS) E. N. Stewart
Lebanon Mo

20. FILED 10 24 1939 A. M. Coub
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1939, to Oct 23 1939.
 I last saw him alive on Oct 23 1939. Death is said to have occurred on the date stated above, at 12:00 m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis
collitis
 Date of onset _____
 Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 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) J. L. Benneque M. D.
 (Address) Lebanon Mo

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.

1 X12004

RECEIVED

District Health Officer No. 7,
District File Number: 11-39-15-82
Date Filed 11-10-39

STATEMENT BY LICENSED EMBALMER

I, E. N. Stewart, Licensed Embalmer No. 1885
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Embalmed
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed E. N. Stewart
Licensed Embalmer No. 1885

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.)