

Anderson

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

40361

Do not use this space.

1. PLACE OF DEATH, <sup>18 39</sup> New Madrid 2  
 (a) County ..... Registration District No. 821  
 (b) Township, <sup>2nd</sup> Rural, Matthews Mo Primary Registration District No. 5801  
 (c) City ..... (d) Street No. .... Registered 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 Sherman Elder  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE COL 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Elder  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/15/1888  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 51 5 0  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
 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) Elbon Alabama  
 FATHER 13. NAME Jim Elder  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama Unknown  
 MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Alabama

17. INFORMANT Pearl Garner (ADDRESS) Sikeston Mo., R.F.D.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston Mo. DATE 11/17/39  
 19. FUNERAL DIRECTOR (NAME) Hunter Albritton (ADDRESS) Sikeston Mo.  
 20. FILED Nov. 22, 1939 [Signature] Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/15/39  
 22. I HEREBY CERTIFY, That I attended deceased from 2-1-39 to 11-15-39  
 I last saw him alive on 11-15-39 Death is said to have occurred on the date stated above, at 2:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Bilateral Bronchopneumonia  
 General arteriosclerosis  
 Date of onset 11-12-39  
 107W

Other contributory causes of importance:

- Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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) [Signature] M. D.  
 (Address) Sikeston, Mo.

RECEIVED-

Health Officer No. 2,

License No. 1239-407

12-8

---

---

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.....

..... Licensed-Embalmer No.....

P. O. Address.....

**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.