

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

Rev. 5-17-39 I-10851

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

11046

State File No. _____

Registration District No. 3218

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1800 E. 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 1 2 1

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Grundy
(c) City or town Trenton, mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1800 E 9th
(If rural, give location)
(e) If foreign born, how long in U. S. A.: _____ years

3. (a) PRINT FULL NAME ELVIRA VIRGINIA SONGER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Jan. 28
_____, 1940, to Feb. 9, 1940;
that I last saw her alive on Feb. 9, 1940
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Lyman Songer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased may 25, 1867
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

8. AGE: Years Months Days If less than one day
72 8 5 _____ hr. _____ min.

Valvular heart disease Several years

9. Birthplace Livingston County, mo
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation housewife

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name B. B. Gice
13. Birthplace Mason County, Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name mae Susan Ball
15. Birthplace Bedford County, Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. H. G. Seatch
(b) Address R. F. D. # 2 Trenton mo

Underline the cause to which death should be charged statistically

17. (a) Burial (b) Date thereof Feb. 12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Maple Grove, Trenton

While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director R. P. Nelder
(b) Address 813 Center Trenton mo

23. Signature Berta E. Sheek (M. D. or other) _____
Address Trenton Missouri Date signed Feb. 17

19. (a) 2-11-40 (b) Gene D. Jaw
(Date received local registrar) (Registrar's signature)

1144

RECEIVED
District Health Officer No. 11
District File Number 440-569
Date Filed APR 13 1949

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 Clifford Obry
Licensed Embalmer No. 3423
P. O. Address Wrenton 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.