

Registration District No. 408

Primary Registration District No. 5563A

Registrar's No. 91

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural - Jackson
(c) Name of hospital or institution:
Jasper County Infirmary
(d) Length of stay: In hospital or institution 1
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural
(d) Street No. Route #3, Carthage
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Charles V. Elder
(b) If veteran, name war unknown
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8th
year 1940 hour 3: minutes 00 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 20, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/19/40
_____ 19____ to 4/8/40 19____;
that I last saw him alive on 4/5 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 9 Days 19
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Duration 870 days

9. Birthplace Sang au m County, Ill.
(City, town, or county) (State or foreign country)

Due to Hypertension and Hemiparesis
Due to _____

10. Usual occupation Miner

Other conditions (Include pregnancy within 3 months of death) 870

11. Industry or business _____
12. Name V. A. Elder
13. Birthplace Ky.
14. Maiden name Emily Harris
15. Birthplace Tenn.

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mr. Dodson
(b) Address Supt. County Infirmary

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 4-12-40
(c) Place: burial or cremation Oak Hill Cemetery

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 865
While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.

23. Signature W. J. G. New (M. D. or other) _____
Address 304 Front Date signed 4/12/40

19. (a) Apr 12, 1940 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

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

Jasper County Health Office

County File Number 46-4-5

Date Filed 4-19-40

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 *E. L. ...*

Licensed Embalmer No. 2292

P. O. Address Carthage

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.