

FILLED NOV 14 1941

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

34468
Do not use this space. 13

1. PLACE OF DEATH Caldwell Registration District No. 94
 (a) County.....
 (b) Township Breckenridge Primary Registration District No. 40554 Registered No. 0
 (c) or City Breckenridge (d) Street No. 1 St. 0
 (e) Length of residence in city or town where death occurred 9 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da. 0
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 2. PRINT FULL NAME TILFORD CLARK ELMORE
 (a) Residence, No. Breckenridge Mo 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 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 ELLA M. ELMORE
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 24, 1853
 7. AGE YEARS 88 MONTHS 12 DAYS 12 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 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) 9 mos 11. Total time (years) spent in this occupation.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MENARD COUNTY ILL NOIS
 FATHER 13. NAME ELMORE
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know
 MOTHER 15. MAIDEN NAME don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know
 17. INFORMANT (ADDRESS) Mrs. T. P. Johnson Breckenridge Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Oct 9 1941
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) T. J. McKel Breckenridge Mo
 20. FILED Oct 17 1941 A. R. Wilsey MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1941
 22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1941, to Oct 5 1941
 I last saw him alive on Oct 5 1941. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Prostatitis Date of onset 1939
 Other contributory causes of importance: Asthenia 1376
 Name of operation none Date of none
 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? no Date of injury 1941
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify E. A. Thompson, M. D.
 (Signed) E. A. Thompson (Address) Breckenridge 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.

1300

X

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.....

T. F. McPuck....., Registered Apprentice No.....
working under my personal supervision.

Signed *T. F. McPuck*.....

Licensed Embalmer No. *1570*

P. O. Address *Breckinridge M*

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.