

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11654**

FILED APR 15 1948
Registration District No. **8**

Primary Registration District No. **3033**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana

(c) Name of hospital or institution: Pike County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-15/42 to 3/6/42
(Specify whether years, months or days)

In this community One year last

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Louisiana
(If outside city or town limits, write "RURAL")

(d) Street No. 917 Georgia
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CORA LEE OGDEN

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6th
year 1942 hour 2 minute 30 PM

21. I hereby certify that I attended the deceased from 12/3/41
19 to 3/1/42 19 ;
that I last saw her alive on 3/1/42 19 ;
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 ✓

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased March 12 1863
(Month) (Day) (Year)

Immediate cause of death Carcinoma of the stomach

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years 78 Months 11 Days 24
If less than one day hr. _____ min. _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: none

Of operations _____

Of autopsy none

9. Birthplace Pike Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Charles Pinkney McElwee

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Edwards

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Louisiana, Mo Date signed 3/9/42

16. (a) Informant Ray Ogdan

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof March 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIVERVIEW

18. (a) Signature of funeral director [Signature]

(b) Address Louisiana Missouri

19. (a) 27-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 4-10-757
APR 14 1942

Date Filed _____

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 J. B. Steiner

Licensed Embalmer No. 4039

P. O. Address Louisiana 910

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, fact should be so stated above.