

S. No. 2  
OM-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4027**

Registration District No. **FILED FEB 29 1944**

Primary Registration District No. **4435**

Registrar's No. \_\_\_\_\_

87  
0  
0

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

1. PLACE OF DEATH:

(a) County Ralls;

(b) City or town Perry, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Perry, Missouri.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 85 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Ralls

(c) City or town Perry, Missouri.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel G. McElroy.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None.

4. Sex Male

5. Color or Race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Bevie McElroy.

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

7. Birth date of deceased Aug. 13, 1858  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>4</u>	<u>20</u>	_____ hr. _____ min.

9. Birthplace Perry, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business Farm.

12. Name Edwin McElroy.

13. Birthplace Ralls County, Missouri.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Martin.

15. Birthplace Ralls County, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin McElroy

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof Jan. 6, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek Cemetery.

18. (a) Signature of funeral director Clyde W. King

(b) Address Perry, Missouri.

19. (a) 1-6-44 (b) Mrs. Carl Berkison  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan Dec 26, 1942, to Jan 3, 1944  
that I last saw him alive on Jan. 3, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal form of Influenza

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 33 f

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? \_\_\_\_\_

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

23. Signature R. E. Luter (M. D. or other) \_\_\_\_\_  
Address Perry, Mo. Date signed 1/6/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1150

RECEIVED

District Health Officer No. 10

District File Number 2-44-314

Date Filed FEB. 8 1944

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.....

Clyde Wilbey....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clyde Wilbey.....

Licensed Embalmer No. 3920.....

P. O. Address Perry Ins......

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.