

Registration District No. **55** Primary Registration District No. **4081** Registrar's No. **10**

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

1. PLACE OF DEATH:
 (a) County Carroll
 (b) City or town Bosworth
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ✓
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community eleven years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME MARGARET FRANCES ELSON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased August 9 1867
 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation housewife
 11. Industry or business _____
 12. Name HENRY J. CLARK
 13. Birthplace unknown U.S.A.
 (City, town, or county) (State or foreign country)
 14. Maiden name Winnie Elizabeth Buihn
 15. Birthplace Carroll Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Albert Manion
 (b) Address Bosworth Missouri
 17. (a) Cremial (b) Date thereof 6-22-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Evergreen Cemetery

18. (a) Signature of funeral director David Edwards
 (b) Address Bosworth Mo.
 19. (a) June 21-45 (b) Ruth Perry Edwards
 (Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Carroll 17
 (c) City or town Bosworth 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June Day 20 20
 year 1945 hour 3 PM minute _____ M.
 21. I hereby certify that I attended the deceased from June 1
 _____, 1945 to June 20, 1945
 that I last saw her alive on June 19, 1945
 and that death occurred on the date and hour stated above

Immediate cause of death Myocarditis Duration _____
 Due to Permeous Arterio
 Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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?

23. Signature Ruth Perry Edwards (M. D. or other) _____
 Address Bosworth Mo. Date signed June 21 45

RECEIVED

District Health Officer No. &

District File Number

Date Filed

1/16/45

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

David J. Edwards

Licensed Embalmer No. *3265*

P. O. Address *Boworth no*

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.