

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 15

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barry County Clinic 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution four days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Alice Haddock Elam
3. (b) If veteran, no name war. 3. (c) Social Security No. no

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife R. H. Elam 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased. February 25 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 11 hr. min.

9. Birthplace Eagle Rock Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Boone Haddock
13. Birthplace Barry County, Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Columbia Russell
15. Birthplace Barry County, Missouri 1
(City, town, or county) (State or foreign country)

16. (a) Informant R. H. Elam
(b) Address Eagle Rock, Missouri
17. (a) Burial (b) Date thereof 3-7-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Church Cemetery

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) April 1-1946 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry **5**
(c) City or town Rural **a**
(If outside city or town limits, write "RURAL") **a**
(d) Street No. _____ (If rural, give location) **d**
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 6th
year 1946 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from Jan. 22
1946 to March 6, 1946;
that I last saw her alive on March 6, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage **3 wks.**

Due to Arteriosclerosis **unk.**

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations Bu
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?
While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature Boone Haddock (M. D. or other) M.D.
Address Cassville, Mo Date signed 3-21-46

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

RECEIVED

District Health Officer No. 6;

District File Number 446-454

Date Filed APR 16 1946

APR 20 1946

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 Margaret Culver
Licensed Embalmer No. 4389
P. O. Address Cassville

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.