. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19511

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 671

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1313 No 10.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Abt 3 week (Specify whether
In this community 2 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Buchanan
(c) City or town 1610 St Joseph Ave
(If outside city or town limits, write "RURAL")
(d) Street No. St Joseph Mo. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OWEN S - ELDER.
3. (b) If veteran, name war No.
3. (c) Social Security No. 500-07-2314
4. Sex M.
5. Color or race Wht
6. (a) Single, widowed, married, divorced Mar 2
6. (b) Name of husband or wife 30 Fern
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Nov 12 1914 (Month) (Day) (Year)

8. AGE: Years 31 Months 6 Days 26 If less than one day hr. min.

9. Birthplace New Point Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Richard M. Elder
13. Birthplace Holt Co Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cora Leach
15. Birthplace Holt Co Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Fern Elder
(b) Address St Joseph Mo
17. (a) R. (Burial, cremation, or removal) (b) Date thereof June 9 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oregon Mo
18. (a) Signature of funeral director Slaine Funeral Home
(b) Address St Joseph Mo.
19. (a) June 11-1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1946 hour 4:20 minute a. M.
21. I hereby certify that I ~~attended~~ Viewed the deceased from June 8th 1946, to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sarcoma of Brain	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 5 4	
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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature B. W. Tadlock Coroner (M. D. or other)
Address King Hill Bldg Date signed 6/8/46

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(Licensed Embalmer's Statement on Reverse Side)

Dr Ryan
301 208
20763

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 John Roy Stamey

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.