

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43305

State File No. _____

FILED DEC 19 1946

Registrar's No. 25

Registration District No. 358

Primary Registration District No. 6216

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Walker Rural
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Walker (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Robert Charles Elder

3. (b) If veteran, name war Civil 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 4 1844
(Month) (Day) (Year)

8. AGE: Years 102 Months 6 Days 4 If less than one day hr. _____ min.

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

10. Usual occupation retired farmer

11. Industry or business _____

12. Name Charles Elder

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

14. Maiden name unknown

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

16. (a) Informant Richard Elder

(b) Address Walker, Mo.

17. (a) Burial date thereof 12-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harwood Cemetery

18. (a) Signature of funeral director Harwood, Missouri

(b) Address _____
19. (a) Dec. 10-1946 (b) Miss Sarah G. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1946 hour 5.30 minute P. M.

21. I hereby certify that I attended the deceased from
Dec. 8, 1946, at _____, 19____;
that I last saw him alive on Dec. 8, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia, involving left upper and lower lobes Duration 3 days

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy 107

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 Y

23. Signature J. B. Stokes (M. D. or other) _____
Address Harwood, Missouri Date signed 12/10/46

MAY 27 1947

Date Filled _____
District Health Officer No. _____
District Health Officer No. _____

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 *W. B. [Signature]*

Licensed Embalmer No. 2709

P. O. Address Harwood, Missouri

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, above space should be left blank.