

FILED FEB 18 1947

Registration District No. **226**

Primary Registration District No. **4338**

1. PLACE OF DEATH:

(a) County **MONROE**

(b) City or town **MONROE CITY**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Monroe City Public School 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ralls 87**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Huntington; Mo R 1**
(If rural, give location)

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

3. (a) PRINT FULL NAME **DONALD NEWTON Mc Elroy**

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

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **22**
year **1947** hour **11** minute **25 AM**

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **SINGLE**

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

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

7. Birth date of deceased **NOVEMBER 21 1930**
(Month) (Day) (Year)

Immediate cause of death.....
Burned to death

Due to **school fire**

Due to.....

8. AGE: Years Months Days If less than one day

16 2 1 hr. min.

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.

9. Birthplace **St Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At School**

11. Industry or business.....

MOTHER FATHER { 12. Name **MAURICE Mc Elroy**

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

{ 14. Maiden name **Suellen Gallaher**

{ 15. Birthplace **Chicago Illinois**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 69**

(b) Date of occurrence **1-22-47**

(c) Where did injury occur? **Monroe City Monroe Missouri**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
work shop of public school
(Specify type of place)

While at work? (e) Means of injury.....

23. Signature **Russell M. Wilson** (M.D. or other) **Crowner**

Address **Monroe City Mo** Date signed **2/21/47**

16. (a) Informant **Donald Mc Elroy**

(b) Address **Huntington, Mo R 1**

17. (a) **Burial** (b) Date thereof **1/23/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Big Creek Cemetery**

18. (a) Signature of funeral director **WILSON & SONS**

(b) Address **Monroe City Mo**

19. (a) **Feb 12, 1947** (b) **Oliver Little**
(Date received local registrar) (Registrar's signature)

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

204

2967 2 1 1947

RECEIVED
District Health Officer No. 10
District File Number 2-47-342
FEB 17 1947

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 me

..... Registered Apprentice No.
working under my personal supervision.

Signed Lester L. Wilson

Licensed Embalmer No. 3014

P. O. Address Wauseon City, Mo

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.