

S. No. 2
M-2-43
5-17-39
-I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14567

FILED APR 18 1947

State File No. _____

Registration District No. 290

Primary Registration District No. 5986

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Swede borg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 40 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
(c) City or town Swede borg,
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Virginia Augusta Elder

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

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Joseph F. Elder
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 27 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 2 6 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Anderson 9
13. Birthplace D.K. 9
(City, town, or county) (State or foreign country)
14. Maiden name Forquern
15. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Fordyce

(b) Address Swede borg, Mo.

17. (a) Burial (b) Date thereof Feb. 4, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo

19. (a) 4-2-47 (b) House B. McClinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1947 hour 5:05 minute A M.

21. I hereby certify that I attended the deceased from July 1942 to Feb. 2 1947.
That I last saw her alive on Feb. 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchisectasis 20 yrs.
Due to Senility

Due to _____

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

Major findings: Of operations 106 B
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 2
Signature John A. Pihlakovich D. or other) DD
Address Crocker, Mo Date signed 2-4-47

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

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..... *Paul B Hoops*

Licensed Embalmer No..... *3261*

P. O. Address..... *Greener, 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.