

5. No. 2
1-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28726

FILED SEP 5 1947

State File No. _____

Registration District No. 279

Primary Registration District No. 6025

Registrar's No. 20

1. PLACE OF DEATH:
 (a) County Reynolds
 (b) City or town Rural, Black River
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 miles west of Black
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Reynolds 90
 (c) City or town Rural 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 miles west of Black 0
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Greenberry Elder
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 22
 year 1947 hour _____ minute _____ M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Hattie Elder
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 11 1883
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
63 10 11 hr. _____ min.

Immediate cause of death
Coronary Thrombosis of Heart
 Due to Coronary Thrombosis (Angina Pectoris)

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

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

10. Usual occupation farmer

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Sallie Lahman
 15. Birthplace Ky.
(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) _____
 (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 _____

16. (a) Informant Robert Elder
 (b) Address 2823 Russell, St. Louis Mo.

Signature _____ (M. D. or other) _____
 Address Centerville Mo. Date signed July 25-47

17. (a) burial (b) Date thereof 7-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Black Missouri

18. (a) Signature of funeral director Norman White & Sons
 (b) Address 712 1/2 White Ironton Ga.

19. (a) 7/29/47 (b) E. M. Sifert
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Dis...

Di...

Date Filed

No. 5,

847477

8-30-47

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 *Arnold White*.....

Licensed Embalmer No. *3012*.....

P. O. Address *Clinton, Miss.*.....

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.