S. No. 2
M—18-43
v. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43958

Registration District No. 242391 Primary Registration District No. 615-34504 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Advance, Missouri
(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 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Morley 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. —
(If rural, give location) 1

(e) Citizen of foreign country? No — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Elizabeth Irene Followell

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William R. Followell

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased August (Month) 28 (Day) (Year)

8. AGE: Years 81 Months 2 Days 17 If less than one day — hr. — min.

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

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Smith Hudson
13. Birthplace — (City, town, or county) New York 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Eastrus
15. Birthplace U — (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant J. A. Curd

(b) Address Morley, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-47 (Month) (Day) (Year)

(c) Place: burial or cremation ~~Old 16-47~~ Morley Cem.

18. (a) Signature of funeral director Bispling Hoff Funeral Home

(b) Address Chaffee, Mo.

19. (a) E. L. Stroup (Date received local registrar) Dec 12, 1947 (b) E. L. Stroup (Registrar's signature) 21-2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14
year 47 hour 6 minute 15 M.

21. I hereby certify that I attended the deceased from July, 1947, to Nov. 14, 1947
that I last saw her alive on Nov. 14, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
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.

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 2

23. Signature E. C. Master (M. D. or other) DO

Address Advance, Mo. Date signed 12-1-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1247-1591
Date Filed 12-15-47

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 Jack T. Burnett, Registered Apprentice No. 516, working under my personal supervision.

Signed Mamie Bisplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.