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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 18 1948

Registration District No. 181

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4293

State File No. 44694

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County LINCOLN  
 (b) City or town ELSBERRY  
 (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)

3. (a) PRINT FULL NAME LAURA FRANCES DAMRON

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

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife J. W. DAMRON 6. (c) Age of husband or wife if alive 84 years  
 7. Birth date of deceased 1 - 10 - 1864  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>83</u>		<u>3</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace MISSOURI (City, town, or county) (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name HANDLY MULHERIN 0  
 { 13. Birthplace MISSOURI (City, town, or county) (State or foreign country)  
 { 14. Maiden name BETTY BRAIMER  
 { 15. Birthplace MISSOURI (City, town, or county) (State or foreign country) 0

16. (a) Informant Roy Damron

(b) Address 5065 Cabanacave, St Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 15 - 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem., Clifton Mills

18. (a) Signature of funeral director Robert M.D.

(b) Address \_\_\_\_\_

19. (a) 5/47 (b) Thos Aug Burger (Registrar's signature) 114  
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57  
 (c) City or town ELSBERRY 1  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7  
 year 1947 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from AUGUST 1946, to MAY 7 1947;  
 that I last saw her alive on MAY 5, 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS years  
 Duration

Due to DEBILITY OF AGED " "  
 AND MALNUTRITION 6 mo

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93 D PHYSICIAN  
 Of autopsy \_\_\_\_\_ 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 0

23. Signature E. S. ... (M. D. or other) MD  
 Address ELSBERRY, MO Date signed 5/8/47

RECEIVED  
District Health Officer No. 9,  
District Health Number  
Date Filed *2/11/48*

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 *May 7-1948*

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

Signed *Clifton Miller*  
Licensed Embalmer No. *3364*  
P. O. Address *Elshem, Md*

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.