

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1738

State File No. _____
Registrar's No. 276

Registration District No. 200 Primary Registration District No. 3041

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon
(c) City or town Macon
(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 Jennie Elrod
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 30
year 1948 hour 8 minute 45 a.m.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband Lloyd Elrod
6. (c) Age of husband or wife if alive _____ years
11 (Month) 2 (Day) 1901 (Year)

21. I hereby certify that I attended the deceased from Sept, 1946, to Jan 30, 1948
that I last saw her alive on Jan 30 and that death occurred on the date and hour stated above.
Immediate cause of death: Neurosis from Neurasthenia of Brain
Duration 8 hrs

8. AGE: Years 46 Months 2 Days 28
If less than one day, hr. _____ min. _____

Due to _____
Due to _____

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

Other conditions Neurasthenia Brain New York
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Milton Felker

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ida Long

15. Birthplace Clarence, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Elrod

(b) Address Macon, Mo.

17. (a) Burial (b) Date thereof 2 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence, Mo.

18. (a) Signature of funeral director Alfred Skinner

(b) Address Macon, Mo.

19. (a) 2-4-48 (b) Ruth McNeely
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

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 _____

23. Signature Howard Miller (M. D. or other) _____

Address Macon MO Date signed 2/2/48

RECEIVED
District Health Officer No.
District File Number 2-48-27
Date Filed FEB 10 1948

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.....

Thos. L. Ball

....., Registered Apprentice No. 37

working under my personal supervision.

Signed.....

Albert Skinner

Licensed Embalmer No.

757

P. O. Address.....

Mason 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.