

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 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5930**
Registrar's No. _____

Registration District No. **875**

Primary Registration District No. **6067**

1. PLACE OF DEATH:

(a) County **St. Clair**

(b) City or town **Rt # 4, Eldorado Springs, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME **OLIVE THRESA ELLERMAN**

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 **Widowed**

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

7. Birth date of deceased: **Feb. 18 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	10	29	hr. min.

9. Birthplace **Cooper County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Louis Draelants**

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

14. Maiden name **Elizabeth Robison**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mrs. Smith**

(b) Address **at # 4, Eldorado Springs, Mo.**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **1-18-48**
(Month) (Day) (Year)

(c) Place: burial or cremation **St Scott, Kansas**

18. (a) Signature of funeral director **William Carothers**

(b) Address **Eldorado Springs, Missouri**

19. (a) **1-20-1948** (Date received local registrar)

(b) **Walter Seavers** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Clair**

(c) City or town **Rural (since July 1948)**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rt # 4, Eldorado Springs, Mo**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **17**
year **1948** hour **6:00** minute **p.** M.

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.

Immediate cause of death **Cerebral Hemorrhage**

Duration _____

Due to _____

Due to _____

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

Major findings: **43A**

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury **3**

23. Signature **James B. Handrich** (M. D. or other) **Carroll**

Address **Osceola Mo.** Date signed **1/19/48**

RECEIVED
District No. 7
District File Number 48-129
Date Filed 2-26-48

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

James E. Hackleman, Registered Apprentice No. 44
working under my personal supervision.

Signed Floyd E. Carothers
Licensed Embalmer No. 4419
P. O. Address 6 Duane Springs

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.