FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 3 1948

Registration District No. 7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3040

State File No. 23524

Registrar's No. 101

1. PLACE OF DEATH:
(a) County LIVINGSTON
(b) City or town CHILLICOTHE (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 1 yr. 10 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LIVINGSTON 59
(c) City or town CHILLICOTHE (If outside city or town limits, write "RURAL") 2
(d) Street No. 1123 WEBSTER (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNIE E. ELMORE
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced, [illegible]
6. (b) Name of husband or wife EWING P. ELMORE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) 14 (Day) 1865 (Year)

8. AGE: Years 82 Months 10 Days 4 If less than one day hr. min.

9. Birthplace LIVINGSTON, MO. (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name NOT KNOWN
13. Birthplace " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name NOT KNOWN
15. Birthplace " " (City, town, or county) (State or foreign country)
16. (a) Informant Pearl Kilburn
(b) Address R.R. #1 Chula Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation WARD, CEM. CHULA, MO
18. (a) Signature of funeral director G. J. Robertson
(b) Address Laredo, Mo.
19. (a) July 19 1948 (Date received local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 18 day July
year 1948 hour 9 minute — P M.
21. I hereby certify that I attended the deceased from July 18, 1948 to July 18, 1948
that I last saw him alive on July 18, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	12 hrs
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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
23. Signature G. W. Carpenter (M. D. or other)
Address Chillicothe Mo Date signed July 19 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 9 1949

DISTRICT HEALTH OFFICE

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 E. J. Robertson

Licensed Embalmer No. 2148

P. O. Address Jasper, 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.