No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 27 1948

Registration District No. 1 4 7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4302

State File No. 30332

Registrar's No. 123

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chula
(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 years, months or days)
In this community: 43 years

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

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0
0

3. (a) PRINT FULL NAME: Lurenna S Elmore
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. (b) Name of husband or wife: John Harding Elmore
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: December (Month) 17 (Day) 1851 (Year)

8. AGE: Years 96 | Months 8 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace: Sangamon Co (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER
12. Name: James M. Perry
13. Birthplace: London County (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name: Cordelia A Kalb
15. Birthplace: Virginia (City, town, or country) (State or foreign country)
16. (a) Informant: Mrs J. E. Elmore
(b) Address: Chula Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-16-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Plainview - Chula
18. (a) Signature of funeral director: E J Robertson Funeral Home
(b) Address: Chula, Missouri
19. (a) 9/15/48 (Date received local registrar) (b) Francis B Neal (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 14 year: 1948 hour: 7 PM minute ..... M.

21. I hereby certify that I attended the deceased from March, 1948, to Sept 14, 1948, that I last saw her alive on June 17, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2 years
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: M E Everett M.D. (M. D. or other)
Address: Chillicothe Mo. Date signed: 9-15-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo

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.