

FILED DEC 1 1948

Registration District No. 2312

Primary Registration District No. 3044

Registrar's No. 58

1. PLACE OF DEATH:
 (a) County Miller
 (b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
608 East Newton
(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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Miller
 (c) City or town Eldon
(If outside city or town limits, write "RURAL")
 (d) Street No. 608 East Newton
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Cora McElrath
 3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 22
 year 1948 hour _____ minute _____ M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife William McElrath
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 24 1869
(Month) (Day) (Year)

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.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>28</u>	hr. _____ min.

Immediate cause of death Myocarditis
 Duration _____
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Brooklyn Iowa
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Major findings:
 Of operations MSD
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Slagel
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Personal Papers
 (b) Address Eldon, Missouri
 17. (a) Burial (b) Date thereof 11-25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Eldon Cemetery

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? _____

18. (a) Signature of funeral director Jouis D. Phaevo
 (b) Address Eldon, Missouri
 19. (a) 11-24-48 (b) Waveretta Walth
(Date received local registrar) (Registrar's signature) 10-10

While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature M. E. Humphrey (M. D. or other) 3
 Address Tusculum, Mo. Date signed 11-23-48

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

RECEIVED
Health Officer No. 9,
Health Officer Number
Case Filed NOV 30 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.....

.....Louis. D. Phillips....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis D. Phillips*.....

Licensed Embalmer No. 3663.....

P. O. Address Eldon.....

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.