

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

SEP 8 1943 316  
Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 1114

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
309 Allen St  
(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 \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY ELLEN FLDERS

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 Widowed

6. (b) Name of husband or wife George W. Elders 6. (c) Age of husband or wife if alive  years

7. Birth date of deceased Sept. 19 1855  
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Plattin, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name William Vinard

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

14. Maiden name Lucinda Stewart

15. Birthplace Plattin, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Smith

(b) Address 309 Allen, Bonne Terre

17. (a) Burial (b) Date thereof 8-25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Chapel

18. (a) Signature of funeral director Bearham Trust Co

(b) Address 313 Bearham Bonne Terre Mo

19. (a) Aug. 31-1943 (b) Byrdie Buhmester  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre  
(If outside city or town limits, write "RURAL")

(d) Street No. 309 Allen  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd  
year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-30-43 to 8-23-43  
that I last saw the deceased \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration \_\_\_\_\_  
Hypertension/Heart disease

Due to Hypertension

Due to \_\_\_\_\_

Other conditions Arthritis, Chronic Pyelonephritis & Cystitis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 330

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 ND

23. Signature Fuleber (M. D. or other) ND

Address Bonne Terre Mo Date signed 8-26-43

RECEIVED

District Health Officer No. 4  
District File Number 943-2638  
Date Filed 9-7-43

**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 Clarence J. Claywell  
Licensed Embalmer No. 3706  
P. O. Address Bonnet Street

**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.