

NO PUBLIC FUNERAL MISSOURI STATE BOARD OF HEALTH
 CONTAGIOUS DISEASE. BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

44807
 Do not use this space.

1. PLACE OF DEATH **JAN 15 1938**
 (a) County Buchanan Registration District No. 6
 (b) Township _____ Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. City Isolation Hosp. Registered No. 1412
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. 3 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Bryan McElhiney
 (a) Residence, No. _____ St. Rockport, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1931
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
6 2 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None.
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cushing, Okla.
 13. NAME Max O. McElhiney

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rantoul, Ks.
 15. MAIDEN NAME Helen Bryan

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paola, Ks.

17. INFORMANT Max O. McElhiney
 (ADDRESS) Rock Port, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rock Port, Mo. DATE Dec. 27, 1937

19. FUNERAL DIRECTOR Halter Moore
 (ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 12/27 1937 H. H. Little
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1937 19 37
 22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937 to Dec 25, 1937
 I last saw him alive on Dec 25, 1937 Death is said to have occurred on the date stated above, at 10.10 A.M.
 The principal cause of death and related causes of importance were as follows:

Meningitis, acute Date of onset 12-20-37
Epidemic form
(Meningococcus)

Other contributory causes of importance: 18.
Typhoid Bacillus 12-20-37
meningitis

Name of operation Spinal Puncture Date of 12/25/37
 What test confirmed diagnosis? Spinal Fluid Was there compensation? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Dr. Roger Moore, M.D.
 (Signed) _____, M. D.
 (Address) Kirkpatrick Bldg., St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly, Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

Missouri L. E.

No. 3946 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Wilbur H. Kelly

Licensed Embalmer No. 3946

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.)