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.

REC'D OCT 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 31402

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 395
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 3699
(c) City Kansas City — (d) Street No. Lakeside Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 6 ds. (f) How long in U. S., if of foreign birth? 51 yrs. mos. ds.

2. PRINT FULL NAME Mrs. Elizabeth Ingram Elstone
(a) Residence, No. St. Shawnee, Kansas
(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: Fe.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. J. Elstone
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3, 1875
7. AGE: YEARS 63 — MONTHS 6 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Prop. Elstone
9. Industry or business in which work was done, as saw mill, bank, etc. Rest Home
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): Ireland 5

FATHER
13. NAME: John Ingram 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

MOTHER
15. MAIDEN NAME: Essie J. Mark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. O. L. Wilkins, Webster Groves, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE La Grange, Ill. DATE 9-22-1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Freeman Mortuary, Kansas City, Mo.
20. FILED Sept 22, 1938 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-21-1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Sept 21, 1938
I last saw h..... alive on Sept 21, 1938. Death is said to have occurred on the date stated above, at 4:46 a.m.
The principal cause of death and related causes of importance were as follows:

Hemiplegia — Date of onset Sept 15

Other contributory causes of importance: Hemorrhage from chronic gastric ulcer — Sept 15

Name of operation Physical & Lab Date of
What test confirmed diagnosis? Was there an autopsy? yes

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
(Signed) [signature], M. D.
(Address) Merriam, Kans.

Licensed Embalmer's Statement on Reverse Side)

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, ...

James Freeman, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed James Freeman

Licensed Embalmer No. 2939

P. O. Address 55 O. Su

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.