

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

21082

Do not use this space.

1939 JUL 30 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township New Primary Registration District No. _____ Registered No. 2350
 or Kansas City
 (c) City _____ (d) Street No. 673 West 67th 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. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John R. Elberg
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|---|-----------------|---|---|
| SEX | 4. COLOR OR RACE <u>White</u> | | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> | |
| | 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucile Elberg</u> | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 16 - 1898</u> | | | | |
| OCCUPATION | 7. AGE | YEARS <u>80</u> | MONTHS <u>6</u> | DAYS <u>23</u> |
| | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u> | | | |
| 9. Industry or business in which work was done, as saw mill, bank, etc. <u>Mgr</u> | | | | 11. Total time (years) spent in this occupation _____ |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u> | | | | |
| FATHER | 13. NAME <u>Henry Elberg</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Catherine Vosper</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u> | | | |
| 17. INFORMANT (ADDRESS) <u>Mrs Lucile Elberg</u> <u>673 W 67th</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>6/9/39</u> | | | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. J. Donnell</u> <u>3756 Broadway</u> | | | | |
| 20. FILED <u>June 8 1939</u> <u>M. D. Brown</u> Local Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Post 2 years, 19____
 I last saw him alive on June 9th 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Chronic arteriosclerosis
nephritis
myocarditis
 Date of onset 131

Other contributory causes of importance:
Age.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? 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? _____
 If so, specify _____
 (Signed) Wm J. Smith, M. D.
 (Address) 836 Park Blvd

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-19-39
1 X16005

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.