

AUG 7 1939

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

24438

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) or City Kansas City, Mo. (d) Street No. 47th & Rockhill Road 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

Registered No. 2651

2. PRINT FULL NAME

William M. McElreath
 (a) Residence, No. 4426 Forest St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Anna McElreath
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Special
 9. Industry or business in which work was done, as saw mill, bank, etc. Watchman
 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) Don't Know 9FATHER 13. NAME Martin McElreath 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 9MOTHER 15. MAIDEN NAME Mary Taylor16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Miss Elizabeth McElreath
8027 Holmes18. BURIAL, CREMATION, OR REMOVAL PLACE Adair, Okla DATE July 3, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) R. V. Lindsey & Sons
3811 Broadway20. FILED July 2 39 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-39 19

22. I HEREBY CERTIFY That I attended deceased from _____, 19

I last saw him alive on _____ Death is said to have occurred on the date stated above, at 5:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Street car traumatism
Amputation of right leg
Fracture of the skull
Fracture of the pelvis
 Other contributory causes of importance: 2099

Name of operation _____ 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 6-30-39

Where did injury occur? _____ (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury Do not know

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. H. Brown R. D.(Address) San Diego, Cal. Mo.

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.