

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

24674  
Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Jackson 2 Registration District No. 399  
 (b) Township..... Kav Primary Registration District No. 1002  
 (c) City..... Kansas City 1 (d) Street No. Westgate Hotel Registered No. 2987 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**

255 Edward R. McElhannon  
 (a) Residence, No. Westgate Hotel 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clare B. McElhannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 3 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Restaurant  
 9. Industry or business in which work was done, as saw mill, bank, etc. Owner.  
 10. Date deceased last worked at this occupation (month and year) 7-17-39 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) Watertown (STATE OR COUNTRY) Wisconsin

FATHER 13. NAME James McElhannon 1

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 5

MOTHER 15. MAIDEN NAME Margaret McShane 1

16. BIRTHPLACE (CITY OR TOWN) Ohio. (STATE OR COUNTRY)

17. INFORMANT Mrs Clare B. McElhannon (ADDRESS) Westgate Hotel, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 7/16/39. 19

19. FUNERAL DIRECTOR (NAME) Hellody - McGilley (ADDRESS) K. C. Mo.

20. FILED July 17, 1939 M. M. Crome Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/15/39. 19

22. I HEREBY CERTIFY That I attended deceased from 10 Deputy Coroner 19

I last saw him at home 19 Death is said to have occurred at home at 10 m.  
 The principal cause of death and related causes of importance were as follows:

90-20 degree burns  
181  
 Other contributory causes of importance: 10

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 Date of injury 7-16-39  
 Accident, suicide, or homicide \_\_\_\_\_  
 Where did injury occur? at home (Specify city, town, county, and State)

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

Manner of injury Slipped & fell in bath tub.

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) Deputy Coroner, M. D.

(Address) K.C. 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.

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**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.**