

Registration District No. 85

Primary Registration District No. 1001

FILED MAR 4 - 1940

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1701 South 26th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1701 South 26th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Edmond Foster Elder 436
(b) If veteran, ✓ name war _____
3. (c) Social Security No. 491-09-2445

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Harriet Elizabeth 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased September 8, 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 24 If less than one day hr. ✓ min.

9. Birthplace Monroe Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Automobile Agency

MOTHER FATHER { 12. Name Dock Elder
13. Birthplace Monroe Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Clog
15. Birthplace Yankton Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harriet E. Elder
(b) Address 1701 S. 26 St.

17. (a) Reinterment (b) Date thereof Feb. 3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memph. Iron Cem. Wichita, Mo.

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Farson, St. Joseph, Missouri

19. (a) 2/3/40 (b) H. J. Kettlebusch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2 year 1940 hour 8 am minute _____ M.
21. I hereby certify that I attended the deceased from Feb. 2-40 to 2/2, 1940 to 2/2, 1940
that I last saw him alive on Feb. 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration 2 years

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy none
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) (e) Means of injury _____
23. Signature J. J. Phinollino (M. D. or other) MD
Address Kirkpatrick Bldg. Date signed 2/2/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11
5
7

110

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. Mo. 3946

P. O. Address St. Joseph, Missouri.

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.