No. 2
9-4-41
-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1177 27

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3607 South Benton /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -------- (Specify whether years, months or days)
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3607 South Benton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country -------

3. (a) PRINT FULL NAME Miss Florence M. Elledge

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -------

6. (c) Age of husband or wife if alive -------- years

7. Birth date of deceased December (Month) 19 (Day) 1860 (Year)

8. AGE: Years 81 Months 0 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace Griggsville (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Humboldt School

FATHER
12. Name Uriah D. Elledge
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Delia Ann Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Ruth D. Reed
(b) Address 3607 South Benton Guardian

17. (a) Burial (Burial, cremation, or removal); (b) Date thereof Jan 5, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Griggsville, Illinois

18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 1/4/42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd year 1942 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 2, 1942, 19__, to Jan 2, 1942, 19__, that I last saw h. alive on Jan. 2, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1 hour.
Due to: Chronic arteriosclerosis (Senility)	15 yrs
Due to: Senility 81 yrs old	
Other conditions Marked malnutrition (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a.	
Of autopsy None 94a	

PHYSICIAN — 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)
While at work? (e) Means of injury

23. Signature Walter Cummins M.D. (M. D. or other)
Address 4620 Indep. Ave. Date signed 1-3-42

(Licensed Embalmer's Statement on Reverse Side)

4620 Independence Avenue

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 W. W. Simpson

Licensed Embalmer No. 3965

P. O. Address Kansas City Mo.

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

If this body is not embalmed, fact should be so stated above.