

Filed APR 8 1942  
Registration District No. 399

Primary Registration District No. 1002

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

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:  
3824 Park Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3824 Park Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ----

3. (a) PRINT FULL NAME Mr. Hall Parent Eldred  
3. (b) If veteran, name war No  
3. (c) Social Security No. 495-05-2372

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Edna Eldred  
6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: January 25 1894  
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 0  
If less than one day hr. min.

9. Birthplace Gove City Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Chief Garbage Disposal Insp

11. Industry or business Kansas City, Missouri

12. Name Burton Sidney Eldred

13. Birthplace Marion Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Belle Parent

15. Birthplace Delta Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Eldred  
(b) Address 3824 Park

17. (a) Burial Memorial Park Cem.  
(Burial, cremation, or removal) (b) Date thereof Mar 27, 1942  
(Month) (Day) (Year)

18. (a) Signature of funeral director O. K. Newcomer, Sone  
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-27-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th  
year 1942 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema  
Due to Chronic Bronchitis

Due to Chronic Bronchitis

Special conditions (Include pregnancy within 3 months of death) 722

Major findings: Of operations 938  
Of autopsy 938

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

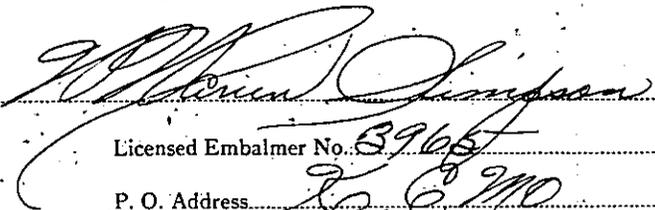
23. Signature Assell (M. D. or other) \_\_\_\_\_  
Date signed \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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. 3965  
P. O. Address R. E. 210

**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, fact should be so stated above.**