

FILED MAR 5 1943  
Registration District No. 1002

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:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or locality)  
(d) Length of stay: In hospital or institution 12 hours  
(Specify whether 40 Years)  
In this community 40 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 420 Huntington Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John F. Mc Elvain  
3. (b) If veteran, name war no  
3. (c) Social Security No. 487-01-1521

4. Sex Male  
5. Color or Race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Minnie Mc Elvain  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 23, 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 3  
If less than one day hr. min.

9. Birthplace Rehoboth, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Simonds-Shields-Theis Grain Co.

12. Name George Mc Elvain

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

14. Maiden name Margaret Gray

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

16. (a) Informant Mrs. B. B. Colestock  
(b) Address Chicago, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-28-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mc Pherson, Kansas

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address 104 W. 42nd Street

19. (a) 2/28/43 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26  
year 1943 hour 4:55 AM minute 55 M.  
21. I hereby certify that I attended the deceased from Feb 24  
1943 to Feb 26 1943;  
that I last saw him alive on Feb 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myo carditis chronic  
Chronic nephritis unobscured duration  
Due to 131 E

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

Duration  
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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature M. M. Crown (M. D. or other)  
Address 906 Grand ave Date signed 2/26/43

*3-11-06  
W.D. H. R.  
W.B. R. 101  
W.D. H. R.  
W.D. H. R.*

**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.....  
*[Handwritten Signature]*

Licensed Embalmer No..... *2939*  
P. O. Address..... *H. O. M. O.*

**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.**