V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9056

MAR 20 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1208

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)
In this community 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL") 5
(d) Street No.: 5144 Wyandotte
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs. Florence E. Ellfeldt
3. (b) If veteran, name war: x x
3. (c) Social Security No.: None
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Adolph F. Ellfeldt
6. (c) Age of husband or wife if alive: x x years
7. Birth date of deceased: October (Month) 13 (Day) 1871 (Year)

8. AGE: Years 71 Months 4 Days 25 If less than one day hr. min.

9. Birthplace: Raschnitz (City, town, or county) Bohemia 8 (State or foreign country)
10. Usual occupation: Home
11. Industry or business:
FATHER 12. Name: Michael Lischka
13. Birthplace: Raschnitz (City, town, or county) Bohemia 8 (State or foreign country)
MOTHER 14. Maiden name: Anna Stoer
15. Birthplace: Raschnitz (City, town, or county) Bohemia 8 (State or foreign country)
16. (a) Informant: Fred Ellfeldt
(b) Address: 6047 Walnut
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: K. C. Mo
19. (a) 3-10-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1943 hour 11:50 minute P. M.
21. I hereby certify that I attended the deceased from 1939, 19..., to 3-8-43, 19...; that I last saw her alive on 3-8-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia —	10 days
Hypertension CV Disease	9 yrs.
Due to: Carcinoma Cervix	3+ yrs.
c. extrinsic pressure on	
Due to: bowel	
48	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: None

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: Grant B. Leitzman (M. D. or other) M
Address: 924 Pryor Bldg. Date signed 3-9-43
K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 A. R. Hamschild

Licensed Embalmer No. 4159

P. O. Address Kansas City Mo

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.