

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

SEP 21 1943  
Registration District No. **149**

Primary Registration District No. **1002**

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:  
**General Hospital # 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days**  
In this community **7 mo. 27 days** (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. **925 1/2 E. 18th St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT **DIANA MARIE ELBERT**  
FULL NAME

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **None S.**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **January 1 1943**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<b>7</b>	<b>26</b>	hr. _____ min.

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

10. Usual occupation **Infant**

11. Industry or business \_\_\_\_\_

12. Name **Sylvester Lennville**

13. Birthplace **Paola Kansas**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lucille Johnson**  
(City, town, or county) (State or foreign country)

15. Birthplace **Kansas City, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **General Hospital # 2**

17. (a) **Burial** (b) Date thereof **8/30/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Hatkins Bros**  
(b) Address **1729 Lydia Avenue**

19. (a) **8-31-43** (b) **D. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **27**  
year **1943** hour **11:45** minute **A** M.

21. I hereby certify that I attended the deceased from **8-25-43**, 19\_\_\_\_, to **8-27-43**, 19\_\_\_\_;  
that I last saw her alive on **August 27-43**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration \_\_\_\_\_

Due to **Whooping Cough** 9

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?

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

23. Signature **D. E. Brown** (M. D. or other)  
Address **777 W. 60th St.** Date signed **8-30-43**

---

---

**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..... *D. J. Malone* .....

Licensed Embalmer No. *3994* .....

P. O. Address. *2503 Highland* .....

**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.**