

No. 2
1-2-43
5-17-39
1 X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38136

FILED NOV 26 1943

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 89

1. PLACE OF DEATH: Gallatin Sup Clay

(a) County Clay

(b) City or town R. 8. No. KAN. CITY.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: AT-Home / RURAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 25 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town North. K.C. Mo
(If outside city or town limits, write "RURAL")

(d) Street No. RR 8. No. KAN CITY, MO
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HERSHEL-HERBERT. MC. ELWEE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wt

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

6. (b) Name of husband or wife Kate Mc Elwee 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct - 16 - 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months _____ Days 18 If less than one day hr. _____ min.

9. Birthplace Brownington - MO
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Industrial

12. Name Val. Mc. Elwee

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

14. Maiden name Mary Shultzes

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

16. (a) Informant Mr. Wilfred Burneage

(b) Address R. 8 North K.C. Mo

17. (a) Burial (Burial, cremation, or removal) Calwood Clin (b) Date thereof Nov 6 - 43
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Morton Personal Ho

(b) Address No Kan City Mo

19. (a) Nov 5 - 1943 (b) Ruth H Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - day 4 - year 1943 - hour 830 minute 0 P.M.

21. I hereby certify that I attended the deceased from Feb. 27 1943 to present date 1943 that I last saw him alive on Oct 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage

Due to Carcinoma of lip + neck

Due to _____

Other conditions (Include pregnancy within 3 months of death) 45a

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) (e) Means of injury 0

23. Signature Carl Delgett (M. D. or other) _____

Address 1316 Professional Bldg Date signed 11-5-43

(Licensed Embalmer's Statement on Reverse Side)

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

4.
0
0

RECEIVED

Health Officer No. 8,

Number

Date Filed

11-24-43

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 *John S. Norton*

Licensed Embalmer No. 4349

P. O. Address. *Smith R. C. 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.