S. No. 2
M—8-43
. 5-17-39
I X37823

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

13556

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1878

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~~: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 2 WEEKS (Specify whether
In this community 44 YEARS
years, months or days)

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")

(d) Street No. 4343 FAIRMOUNT AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME MRS. ELIZABETH DUTTON AULGUR

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ MR. ANDERSON AULGUR

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased MARCH (Month) 26 (Day) 1847 (Year)

8. AGE: Years 97 Months 1 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace SALINE COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business .....

FATHER
12. Name WILLIAM DUTTON
13. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name SUSAN PINKERTON
15. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant MRS. WILLIAM JOY HUDSON

(b) Address 4319 CHESTNUT AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-1-1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FOREST HILL CEMETERY

18. (a) Signature of funeral director D. W. NEWCOMER'S SONS

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-1-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 29TH year 1944 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 27-44, 19..., to April 29, 1944; that I last saw her alive on April 29, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolism (Coronary)	10 min
Due to Fractured hip	13 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

1860-5
18

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) Fell April 16-44

(b) Date of occurrence 4/16-44 123

(c) Where did injury occur? in home Kansas City (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature J. W. Grauerholz M.D. (M. D. or other)

Address 3706 Broadway Kansas City Mo. Date signed 4/29-44

(Licensed Embalmer's Statement on Reverse Side)

3706 Broadway
2-5

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K 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.