

Registration District No. 29 1949

Primary Registration District No. 1002

Registrar's No. 2499

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Hann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town 432 W. 61st 48
(If outside city or town limits, write "RURAL")
(d) Street No. Hannas City mo 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Helen Buell Elliott

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

4. Sex Female 5. Color of race Wt
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dr. B. Landis Elliott
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased 1 - 28 1869
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 13
If less than one day hr. _____ min. 1

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

10. Usual occupation at home

11. Industry or business

12. Name C. E. Buell
13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)
14. Maiden name Martha
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Landis Elliott

(b) Address 432 W. 61st

17. (a) Removal (b) Date thereof 6-12-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Wis.

18. (a) Signature of funeral director Stine McClure

(b) Address Kansas City Mo

19. (a) 6-13-49 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1944 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 4
19 44 to June 11, 19 44

that I last saw her alive on June 10, 19 44

and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis, Duration 4 days
organism undetermined

Due to Pneumococci

Due to 8/a

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Diagnosis confirmed.

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 _____

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 D. E. Brown (M. D. or other) MD

Address 1408 Waldheim Bldg. Date signed 6-12-49

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

Walter Krimm Body

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 *E. M. Plouck*
Licensed Embalmer No. *1848*
P. O. Address *K. C. M.*

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.