

FILED SEP 7 1944  
149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 26 Hours  
(Specify whether  
In this community 1 Day 2 hours  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Concordia  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT

FULL NAME Elling, Birdie Alice

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elling, Samuel H. 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: 1 (Month) 3 (Day) 80 (Year)

8. AGE: Years 64 Months 7 Days 13 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Concordia, Lafayette Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Housewife

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

12. Name Lange, Fritz W.

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

14. Maiden name Matilda Petering

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

16. (a) Informant Samuel H. Elling  
(b) Address Concordia Mo

17. (a) Removal (b) Date thereof Aug 17 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia, Mo

18. (a) Signature of funeral director [Signature]  
(b) Address 7406 Wernald Rd

19. (a) 8-19-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 16  
year 1944 hour 10 minute 40 M.

21. I hereby certify that I attended the deceased from Aug 15 1944 to Aug 16 1944  
that I last saw her alive on Aug 16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure  
Due to Chronic valvular disease

Due to \_\_\_\_\_  
Other conditions 92 d.  
(Include pregnancy within 3 months of death)

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

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 ⊙

23. Signature [Signature] (M. D. or other)  
Address 1232 Professional Bldg Date signed 8/16/44

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

DEC 19 1949

Wornell Funeral  
Mrs. Elling

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 Harold R. Coe  
Licensed Embalmer No. 2816  
P. O. Address 1702

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.