

FILED SEP 26 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3678

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 of location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
31 years 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. 824 West 61st Terr.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Doris Elliott McAlister
 3. (b) If veteran, name war no
 3. (c) Social Security No. 494-14-3929

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 10th
 year 1944 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____
AS PATHOLOGIST to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife J. F. McAlister
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased September 17th 1912
 (Month) (Day) (Year)

Immediate cause of death
1 - hepatitis
2 - hypertension
 Due to _____
 Due to _____
 Other conditions 131 day
 (Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>31</u>	<u>11</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Office Manager
 11. Industry or business George H. Welsh Motors

MOTHER FATHER
 12. Name Henry W. Elliott
 13. Birthplace Cooper County, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Lola M. Thatcher
 15. Birthplace unk 9
 (City, town, or county) (State or foreign country)

16. (a) Informant J. F. McAlister
 (b) Address 824 West 61st Terr.

17. (a) Burial (b) Date thereof 9-12-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City, Mo.

19. (a) 9-11-44 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy spec. (abdomen) only

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)
 (a) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address [Signature] Date signed _____

Duration of illness 131 day
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

9/11-1944

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 Walter H. Corwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.