

FILED OCT 24 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4090

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:  
Home-4116 E. 14th. St. Terr.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 17 Years  
years, months or days (Specify whether)

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. 4116 E. 14th. St. Terr. 1  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country (1)

3. (a) PRINT FULL NAME Elsie Ruth Merritt

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 Married  
6. (b) Name of husband or wife Frank Merritt  
6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased Feb. 3rd. 1894  
(Month) (Day) (Year)

8. AGE: Years 30 Months 8 Days 5  
If less than one day hr. min.

9. Birthplace Kansas 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business  
12. Name Unknown  
13. Birthplace Unknown 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Merritt  
(b) Address 4116 E. 14th. St. Terr. K.C.

17. (a) Burial (b) Date thereof 10/11/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Earp Funeral Home  
(b) Address 4139 E. 15th. St. K.C. Mo.

19. (a) 10-11-44 (b) T.E. Brown (12)  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th  
year 1944 hour 7 minute - P.M.  
21. I hereby certify that I attended the deceased from Aug 29/44  
1944 to Oct 8 1944  
that I last saw her alive on Oct 7 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Uterine Cancer 10 hrs.

Due to \_\_\_\_\_  
Other conditions 48 hr  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature J. Lewis (M. D. or other) 2 NO  
Date signed \_\_\_\_\_

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

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**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.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**