

S. No. 2
OM-2-43
v. 5-17-39
-1 X35697

36692

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 9 1944 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4835

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs.
(Specify whether years, months or days)

In this community 12 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 4th

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 3344 Baltimore,
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernest W. Elliott

3. (b) If veteran, name war no. 3. (c) Social Security No. none

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

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

7. Birth date of deceased July 17 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th
year 1944 hour 11:15 minute P. M.

21. I hereby certify that attended the deceased from _____, 19____;
Brown

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

53	4	12	hr. min.
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9. Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business X

Immediate cause of death Cerebral hemorrhage

Due to Cerebral arteriosclerosis

Due to _____

Other conditions 830
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Joseph Elliott

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

14. Maiden name MARIA Patterson

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

16. (a) Informant Mrs. C. B. Reed,

(b) Address 1409 E. 65th St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 12-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-1-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

Major findings Of operations _____

Of autopsy See report

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 _____

(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 P. E. Brown 3 12/30/44
(Date signed)

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

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.....

S. J. Allen

Licensed Embalmer No.....

1415

P. O. Address.....

H. 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.