

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40235
Registrar's No. 4931

FILED DEC 22 1944
Registration District No. 1779

Primary Registration District No. 1002

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

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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:
Children's Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 1/2 Hours
(Specify whether years, months or days)

In this community 7 1/2 Hours

3. (a) PRINT FULL NAME Larry LeRoy McElwee

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 12 - 1944
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>0</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Raymond Lee McElwee

{ 13. Birthplace Braymer, Mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ruth Ellen Stratton

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

16. (a) Informant Father

(b) Address Braymer, Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 12/8/44
(Month) (Day) (Year)

(c) Place: burial or cremation Blackblair

18. (a) Signature of funeral director Bernard J. Mead

(b) Address Braymer, Mo

19. (a) Dec 6 1944
(Date received from registrar)

(b) J. B. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 - 6 day _____
year 44 hour 3:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from 12-5, 1944, to 12-6, 1944
that I last saw him alive on 12-5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Due to Laryngo-tracheo Bronchitis and Broncho-pneumonia</u>	<u>3 days</u>
Due to _____	_____

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

Major findings:
Of operations _____

Of autopsy _____

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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 Paul D. Hess M.D.
(M. D. or other)

Address Children's Mercy Hospital Date signed 12-6-44

This body will be embalmed

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..... *Bernard J. Mead*

Licensed Embalmer No. *2501*

P. O. Address. *Raymond,*

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.