

**FILED JAN 17 1945**  
199

Primary Registration District No. **1002**

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

**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:  
**General Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: in hospital or institution **2 weeks**  
(Specify whether years, months or days)  
 In this community **2 years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City, Mo**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1000 Benton**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **M. Daryl Elliott**  
**3. (b) If veteran,** name war **no**  
**3. (c) Social Security** No. **488-22-6250**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **12** day **30**  
 year **1944** hour **11:45** minute **P** M.

**4. Sex** **M** **5. Color or race** **W**  
**6. (a) Single, widowed, married, divorced** **married**  
**(b) Name of husband or wife** **Minnie Francis Alford**  
**6. (c) Age of husband or wife if alive** **67** years  
**7. Birth date of deceased** **July 4, 1885**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Cerebral vascular accident - Uremia -**  
**febr.** Duration \_\_\_\_\_

**8. AGE:** Years **59** Months **6** Days **26**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_  
**Other conditions** **308**  
(Includes pregnancy within 3 months of death)

**9. Birthplace** **Paola Iowa**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **Produce Business**

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

**11. Industry or business** \_\_\_\_\_  
**12. Name** **Melvin Freeman Elliott**  
**13. Birthplace** **Ill**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Elizabeth Jane Springer**  
**15. Birthplace** **Iowa**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Fred Baker**  
**(b) Address** **Cameron Mo**  
**17. (a) Removal** **(b) Date thereof** **12-30-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Cameron Mo**

**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?** \_\_\_\_\_

**18. (a) Signature of funeral director** **J. E. Upsher**  
**(b) Address** **Cameron Mo**  
**19. (a) 12-31-44 (b) D. E. Brown**  
(Date received local registrar) (Registrar's signature)

**23. Signature** **D. E. Upsher** **(M. D. or other)** **MO.**  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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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.**