V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5139

Registration District No. FILED MAR 3 1945

Primary Registration District No. 1002

Registrar's No. 758

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: 804 E. 14th St., 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 1100

(c) City or town Kansas City 10
(If outside city or town limits, write "RURAL")

(d) Street No. 804 E. 14th St., 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 8

If yes, name country 0

3. (a) PRINT FULL NAME ALBERT ARTHUR ELWELL

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M. 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Katherine H.

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan. 20, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	0	25	hr. min.

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

10. Usual occupation Painter and Paperhanger

11. Industry or business Self

FATHER
12. Name Horace Elwell 6
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Katherine Elwell
(b) Address 804 E. 14th St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 2-15-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15/
year 45 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Feb 3-45, 19__, to Feb 15, 1945
that I last saw him alive on Feb 15- 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac asthma	yr
Due to Senility	
Due to Anasarcum	3 mo
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95 C	
Of autopsy	

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature R B Bishop M.D. Dr. (M.D. or other)

Address 528 Ridge Bldg K.C. Mo. Date signed 2/15/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bailey
Ridge Bldg

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.