S. No. 2
M—8-43
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I X37823

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. 22906

FILED JUL 17 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2791

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Childrens' Mercy Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Hours (Specify whether years, months or days)

In this community 18 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Belton, Mo. 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Larry Deanne ELKins

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 0

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 6 (Month) 11 (Day) 1945 (Year)

8. AGE: Years | Months | Days 22 | If less than one day hr. min.

9. Birthplace Belton, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation infant

11. Industry or business

FATHER 12. Name Cecil Howard ELKins

FATHER 13. Birthplace Collins, Mo (City, town, or county) 0 (State or foreign country)

MOTHER 14. Maiden name Charlotte Novine Brown ELKins

MOTHER 15. Birthplace Joplin, Mo (City, town, or county) K (State or foreign country)

16. (a) Informant Father

(b) Address Belton, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-4-45 (Month) (Day) (Year)

(c) Place: burial or cremation Belton Mo

18. (a) Signature of funeral director E. K. Hearst Sons

(b) Address Belton, Mo.

19. (a) 7-3-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3 year 1945 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 7-2, 1945, to 7-3, 1945 that I last saw h. l. m. alive on 7-3, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Post Mortem

Due to: Perforation of sigmoid plaque of colon

Due to: Peritonitis with feces and gas in peritoneal cavity

Other conditions (Include pregnancy within 3 months of death): abdominal distention

Major findings: Of operation

Of autopsy 129

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. A. Larkin M.D. (M. D. or other)

Address Date signed 7-3-45

(Licensed Embalmer's Statement on Reverse Side)

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belfast, Me.

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.