

FILED JUL 17 1945

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2854

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(c) Name of hospital or institution Children's Mercy Hospital  
(d) Length of stay: In hospital or institution 2 1/2 hrs.  
In this community 25 hours

3. (a) PRINT FULL NAME Elmer Estil Wilhoit

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

4. Sex M Color W  
5. Color or race W  
6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased September 19 1931

8. AGE: Years 13 Months 9 Days 18  
If less than one day hr. min.

9. Birthplace Smithville, Mo. P.F.D. 0

10. Usual occupation Child

11. Industry or business

12. Name Clarence E. Wilhoit

13. Birthplace Clay Co. Mo.

14. Maiden name Laura Nora Smart

15. Birthplace Brown Co. Kansas

16. (a) Informant Clarence E. Wilhoit  
(b) Address Smithville, Mo. P.F.D. 6

17. (a) Burial (b) Date thereof 7-8-45  
(c) Place: burial or cremation Paradise Cemetery, Clay Co. Mo.

18. (a) Signature of funeral director McCoy's Funeral Home  
(b) Address Smithville, Mo.

19. (a) 7-7-45 (b) Geraldine Holmes

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24  
(c) City or town Paradise Smithville, Mo.  
(d) Street No. RR  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 6 day  
year 1945 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from July 6 1945 to July 6 1945  
that I last saw him alive on July 6 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Rheumatoid arthritis 3 yrs  
Rheumatic endocarditis 2 yrs  
myocarditis  
Pericarditis

Other conditions 93 d  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy as above

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
(c) Means of injury

23. Signature Nicholas Pabel (M. D. or other)  
Address 315 Alameda Rd Date signed 7-6-45

Table with 2 columns: Cause of death, Duration. Rows include Rheumatoid arthritis (3 yrs), Rheumatic endocarditis (2 yrs), myocarditis, Pericarditis.

PHYSICIAN Underline the cause to which death should be charged statistically.

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. A. McDonald,  
Licensed Embalmer No. 2303  
P. O. Address Smithville, Mo

**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.**