V. S. No. 2
100M—5-43
Rev. 5-17-39
No. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26513

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3353

48
3
8

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: 3729 Broadway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no.
In this community: since 17 years of age (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3729 Broadway 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country: x

3. (a) PRINT FULL NAME: William Bernard McElroy

3. (b) If veteran, name war: no

3. (c) Social Security No.: no.

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Ann McElroy

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

7. Birth date of deceased: May (Month) 11 (Day) 1881 (Year)

8. AGE: Years 64 Months 2 Days 26 If less than one day hr. min.

9. Birthplace: Iowa (City, town, or county) / (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Sup't. Armour & Company

MOTHER FATHER

12. Name: Bernard C. McElroy
13. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Anna Ferren
15. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ann McElroy,
(b) Address: 3729 Broadway, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Independence, Kansas

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-9-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7th year 1945 hour 7 15 minute p. M.

21. I hereby certify that I attended the deceased from May 9, 1945, to Aug. 7, 1945, that I last saw him alive on Aug. 7, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic Carcinoma + Cyst of Brain

Due to: Carcinoma of Pancreas (primary)

Due to:

Other conditions (Include pregnancy within 3 months of death): 46 g

Major findings:
Of operations:

Of autopsy: Metastatic Ca. Pancreas-Liver + Kidney

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: H. P. Boynton M.D. (M.D. or other)
Address: K.C.-2-Mo. Date signed 8/7/45

(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 E M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.