S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5553

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 916

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

4542

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: 1328 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 14 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1328 Prospect 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELZIE UPTON COLLEY
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Benjamin E. Colley
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased August (Month) 25 (Day) 1915 (Year)

8. AGE: Years 30 Months 5 Days ~~28~~ 27 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Ike Upton
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Nora Eaves
15. Birthplace Unknown (City, town, or county) Oklahoma (State or foreign country)
16. (a) Informant Benjamin E. Colley
(b) Address 1328 Prospect
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence Missouri
19. (a) 2-23-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1946 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from 1944, to Feb 21, 1946 that I last saw her alive on Feb 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary T. B.	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury —
23. Signature Otto F. Peerman (M.D. or other)
Address 1115 Grand Ave Date signed 2-23-46

(Licensed Embalmer's Statement on Reverse Side) KC Mo

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 R. D. Lisle

Licensed Embalmer No. 4123

P. O. Address Indep. 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.