S. No. 2
OM—5-43
v. 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

FILED APR 30 1946

STANDARD CERTIFICATE OF DEATH

State File No. 13481

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 25

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: 7918 Main Street (Rural Washington)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether
In this community 49 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City - "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7918 Main Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MRS. FANNIE E. ELMER

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John T. Elmer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 28th (Day) 1860 (Year)

8. AGE: Years 85 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Prairie City (City, town, or county) Illinois (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name John W. Maury
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Catherine Hoagland
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Miss Laura Elmer
(b) Address 7918 Main Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd Street
19. (a) 4-19-46 (Date received local registrar) (b) Dr Connie G. Hodges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1946 hour 9 minute p M.

21. I hereby certify that I attended the deceased from 14 April 1946 to 18 April 1946 that I last saw her alive on 18 April 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension arterial severe cause undetermined	10 yrs.
Due to	
Due to	
Other conditions old age and its results (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 Albert F. Luppens (M. D. or other)
Address 5845 Prospect Date signed 18 April 46

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(Licensed Embalmer's Statement on Reverse Side)

Get Print from Dr. Hedges
Hickman Mills

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 Walter K. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.