

S. No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30344

FILED OCT 7 1948

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3979

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 days
In this community 28 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Grandview 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME MAURICE L. McELROY

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 487-01-8970

4. Sex Ma 5. Color or race Wh

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased January 21 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>7</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace New Franklin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Anchor Roofing Co.

12. Name Wm. McElroy

13. Birthplace No Record

14. Maiden name (Margaret) Hewett (State or foreign country)

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara McElroy

(b) Address Grandview, Mo.

17. (a) Burial (b) Date thereof 9-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 9-19-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1946 hour 5: minute 15 P.M.

21. I hereby certify that I attended the deceased from March 4
1946 to Sept 17 1946
that I last saw him live on Sept 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous
metastatic melanotic
becoming malignant

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 53

Major findings:
Of operations _____
Of autopsy Same

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? _____

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

23. Signature Hugh P. Ruston (M. D. or other) _____
Address 303 W. 13th St. Bldg Date signed 9-17-46

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

MOTHER FATHER

DEC 11 1946

W. L. Thompson Esq.
No. 6400

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 Alvin R. Harnschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.