

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9040**
Registrar's No. **1336**

Registration District No. **149** Primary Registration District No. **1002**

FILED APR 1 1947

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

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 **ST. JOSEPH HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7-DAYS**
(Specify whether years, months or days)

In this community **29 YEARS**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **MRS. MANDA MEDORA ELSBACKER**

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 **MARRIED**

6. (b) Name of husband or wife **MR. ANTHONY ELSBACHER**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **DECEMBER 31 1877**
(Month) (Day) (Year)

8. AGE: Years **69** Months **2** Days **22** If less than one day hr. min.

9. Birthplace **COLE COUNTY ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

MOTHER FATHER

11. Industry or business

12. Name **MORRIE SHERMAN**

13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **SUSAN CRAIG**

15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. Informant **Anthony Elsbacher**
Address **1601-EL 43**

17. (a) **CREMATION** (b) Date thereof **MAR-24-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **D.W. NEWCOMER'S JONS**

18. (a) Signature of funeral director **A.H. Newcomer's Jons**

(b) Address **1401-BRUSH CREEK BLVD.**

19. (a) **3-22-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**

(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")

(d) Street No. **1601-EAST-43RD STREET**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20**
year **1947** hour **7** minute **AM**

21. I hereby certify that I attended the deceased from **Mar-13** 19**47** to **Mar 20** 19**47**.
that I last saw her alive on **20 Mar** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bile Peritonitis**
Acute Purulent Cholecystitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **127a**

Of autopsy **Abou**

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) (c) Means of injury **D**

23. Signature **[Signature]** (M. D. or other)

Address **St. Josephs 4607** Date signed **20 Mar 47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Melvin Miller*
Licensed Embalmer No. *4407*
P. O. Address *K.C., 3, 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.