

FILED MAY 5 1947

Registration District No. 1947

Primary Registration District No. 1002

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:
RESIDENCE ; 3827 E. 11TH ST /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 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. 3827 E. 11TH ST 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT REUBEN CHAS. ELVIN
FULL NAME.

3. (b) If veteran, name war NO.

3. (c) Social Security No. 490-09-1823

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife EMMA MAE

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 3 8 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74	1	13	hr. min.
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9. Birthplace NEBRASKA CITY NEBR.
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business BUILDING TRADE

MOTHER FATHER

12. Name ROBT. M. ELVIN

13. Birthplace GLASGOW SCOTLAND
(City, town, or county) (State or foreign country)

14. Maiden name EMELINE HARTWELL

15. Birthplace NAVOO ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. EMMA MAE ELVIN

(b) Address 3827 E. 11TH ST. K. C. MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-23-47
(Month) (Day) (Year)

(c) Place: burial or cremation MOUND GROVE INDEPENDENCE MO

18. (a) Signature of funeral director Henry W. Stahl

(b) Address 815 W. MAPLE AVE INDEPENDENCE MO

19. 4-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21 year 1947 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 3 1947 to April 21 1947
that I last saw him alive on April 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration
Diagnosed with cardiac failure

Due to Myocardial infarction, cerebral old July 3, 1946

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: None 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? _____

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

23. Signature Charles E. Swanson (M. D. seal) Address 1225 North Bldg. R.C. MO Date signed 4/23/47

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

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.....

Licensed Embalmer No. 3156

P. O. Address. H. P. W. Co.

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.