

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12545-5**
Registrar's No. **1468**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **K.C. MO**
(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 **2 days**
(Specify whether years, months or days) **2 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Johnson**
(c) City or town **Shawnee**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **✓**

3. (a) PRINT FULL NAME **Elmer, Katherine Ann**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **No** 6. (c) Age of husband or wife if alive **No** years
7. Birth date of deceased **April 1 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 7 hr. min

9. Birthplace **K.C. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Baby**

11. Industry or business **Baby**

12. Name **Milton G. Elmer**

13. Birthplace **Bonter Springs Kans**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Fanning**

15. Birthplace **De Soto Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude Fred**
(b) Address **Shawnee, Kansas**

17. (a) **Burial** (b) Date thereof **4-4-48**
(City, town, or county) (Month) (Day) (Year)
(c) Place: burial or cremation **Shawnee Kans**

18. (a) Signature of funeral director **Paul Jones**
(b) Address **Shawnee, Kansas**

19. (a) **4-3-48** (b) **Etheldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3rd** year **1948** hour **10** minute **30** A.M.

21. I hereby certify that I attended the deceased from **19** that I last saw **Pathologist** alive on **19** and that death occurred on the date and hour stated above.

Immediate cause of death **Operation Pneumonia**

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) **701**

Major findings: Of operations _____

Of autopsy **Obaut**

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 _____
3. Signature **Joseph H. Hapell** (Date signed) **4-3-48**
Address _____

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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.....

E Paul Amos

Registered Apprentice No.....

working under my personal supervision.

Signed.....

E Paul Amos

Licensed Embalmer No. 4385

P. O. Address Shawnee Kansas

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.