No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1602

State File No. 26273

Registrar's No. 3515

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. Luke's Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)

In this community: 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: ~~County~~ JACKSON

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 4044 Baltimore
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Carrie A. Elledge

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: James D. Elledge

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

7. Birth date of deceased: November (Month) 16th. (Day) 1869 (Year)

8. AGE: Years 78 Months 9 Days 11 If less than one day hr. min.

9. Birthplace: Missouri O
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Liman Phelps
13. Birthplace: Pennsylvania
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Hamm
15. Birthplace: Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant: Miss Ruth Elledge

(b) Address: 4044 Baltimore

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-29-48 (Month) (Day) (Year)

(c) Place: burial or cremation: McCune, Kansas

18. (a) Signature of funeral director: Freeman Mortuary

(b) Address: Kansas City, Missouri

19. (a) 8-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th. year 1948 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 28, 1948, to Aug 27, 1948, that I last saw he alive on 27 Aug 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism — Duration: Immediate

Due to: Unknown

Due to:

Other conditions (Include pregnancy within 3 months of death): Hypertension, Post operative (9 days), Vaginal Repair

Major findings: Of operations: Cystocele, without Rectocele

Of autopsy:

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:

23. Signature: Newell E. Cox (M. D. or other)

Address: 300 W 47th Date signed: 28 Aug '48

(Licensed Embalmer's Statement on Reverse Side)

#1500 - Prop. [illegible]

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. Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address K. C. 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.