

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36511**
4722
Registrar's No.

FILED DEC 4 1948

Registration District No. **149**

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days** (Specify whether
in this community **2 days** (Specify whether
years, months or days)

3: (a) PRINT FULL NAME **Infant ELLIOTT**

3: (b) If veteran, name war **no** 3: (c) Social Security No. **no**

4. Sex **Fem** / 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if
alive **--** years
7. Birth date of deceased **11 16 1948**
(Month) (Day) (Year)

8. AGE: Years **0** Months **0** Days **2** If less than one day
hr. min.

9. Birthplace **Kansas City, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **infant**

11. Industry or business **--**

12. Name **Leonard Elliott**

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

14. Maiden name **Eoyth Withar**

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

16. (a) Informant **Leonard Elliott**

(b) Address **920 Newton Ave., Kansas City, Mo**

17. (a) **Burial** (b) Date thereof: **11/20/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director **John P. Shell**

(b) Address **Kansas City, Mo.**

19. (a) **11-19-48** (b) **Sheldine 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. **920 Newton Ave.,**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **18**
year **1948** hour **1** minute **50 P** M.

21. I hereby certify that I attended the deceased from
11-16-48 to **11-18**, 19**48**
that I last saw her alive on **11-19**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia
Atelectasis, cong
Due to **Pneumonia**
6 1/2 mo Pneumonia

Duration
birth

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **159**

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?
0

(Specify type of place)
While at work **George V** (e) Means of injury
Signature **George V Herrman** (M. D. of father)
Address **411 Alameda Rd** Date signed **11/19/48**

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

Dr. Geo. V. Herrman
411 Alameda Rd.,
Lo - 8100
After 1 P M

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 John P. Shield

Licensed Embalmer No. 3625

P. O. Address 6640

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.