

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41075  
State File No. 5295  
Registrar's No.

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>5295</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 S Myrtle</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
		d. STREET ADDRESS (If rural, give location) <u>316 S Myrtle</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JENNIE</u>	b. (Middle) <u>AMELIA</u>	c. (Last) <u>ELLIOTT</u>
5. SEX <u>fe</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u>
8. DATE OF BIRTH <u>June 21 1882</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months Days
11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John H Buckley</u>		13b. MOTHER'S MAIDEN NAME <u>Trinivilla Boyer</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph W Elliott</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS <u>Mrs O.C. Cain 316 S Myrtle</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Compression Fracture spine</u> DUE TO (c) <u>Multiple Myeloma</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>6 mos.</u> <u>6-8 mos.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Nov 1</u> , 19 <u>49</u> , to <u>12-13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-13</u> , 19 <u>49</u> , and that death occurred at <u>2:15</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>W. J. Feehan</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>860 Brotherhood Bldg, K.C. Mo.</u>		23c. DATE SIGNED <u>12/14/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-16-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brookings</u>
24d. LOCATION (City, town, or county) (State) <u>Raytown Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>C.H. Blackman &amp; Son, Inc Kansas City Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-14-49</u>		REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 3 1950

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed D. Ross Blanford

Licensed Embalmer No. 4015

P. O. Address: KC 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.