

FILED JUL 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20177

2622

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
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b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 15 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
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d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1	d. STREET ADDRESS (If rural, give location) 2217 Holmes	3318	
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3. NAME OF DECEASED (Type or Print) a. (First) Florice	b. (Middle) A.	c. (Last) Eldridge	4. DATE OF DEATH (Month) (Day) (Year) 6 11 50
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-24-12	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book-keeper	10b. KIND OF BUSINESS OR INDUSTRY Book-keeper	11. BIRTHPLACE (State or foreign country) Tarkio, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Dyer	13b. MOTHER'S MAIDEN NAME Clara Dillon	14. NAME OF HUSBAND OR WIFE James Eldridge
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 500-14-7150	17. INFORMANT'S SIGNATURE OR NAME Clara Dyer	ADDRESS Kansas City, Mo.
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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 2217 Holmes		INTERVAL BETWEEN ONSET AND DEATH
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease.	ANTecedent CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____	DUE TO (c) _____
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	410X	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 8, 1950, to June 11, 1950, that I last saw the deceased alive on June 11, 1950, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns	B.I. Burns (Degree or title) M.D.	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 6-12-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/11/50	24c. NAME OF CEMETERY OR CREMATORY Tarkio, Mo.	24d. LOCATION (City, town, or county) (State) Tarkio, Mo.
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DATE REC'D BY LOCAL REG. 6-13-50	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE	ADDRESS Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

MICROFILM 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. *14 15*

P. O. Address *25 E. Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.