

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 5033

FILED MAR 8 1952

BIRTH NO.

REG. DIST. NO. 149PRIMARY REG. DIST. NO. 1002Registrar's No. 928

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2623 East 29th</u>		d. STREET ADDRESS (If rural, give location) <u>2623 East 29th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>A.</u> c. (Last) <u>Hammerslaugh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25, 1952</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 28, 1875</u>
9. AGE (In years last birthday) <u>75 7/16</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>England</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Daniel Saer</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Skyrme</u>	14. NAME OF HUSBAND OR WIFE <u>Adolph S. Hammerslaugh</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edwin R. Kellogg, 2623 E. 29th, K. C. Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean mode of dying, such as heart failure, asthma, or pneumonia the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous Cerebral Thrombosis</u> ? <u>332X</u> <u>7 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	
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>Sept 7, 1950</u> , to <u>Feb 25, 1952</u> , that I last saw the deceased alive on <u>Feb 25, 1952</u> , and that death occurred at <u>11:20P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Martin J. Mueller</u>		23b. ADDRESS <u>M.O. 934 Angles Bldg KC MO</u>	
23c. DATE SIGNED <u>Feb 26, 52</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-28-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-27-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE UND. CO.</u>		ADDRESS <u>KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Copy day off

*Copy to B. C. M. D.*

**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 *J. S. Walter* .....

Licensed Embalmer No. *2744* .....

P. O. Address *B. C. M. D.* .....

**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.

The Division of Health of Missouri  
BUREAU OF VITAL STATISTICS

5033/52

State of Missouri  
County of Jackson } ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 928

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11th. day of June, 1954, before me appears Edwin R. Kellogg

who, upon his oath, states that the original record of <sup>birth</sup> death  
for Elizabeth A. Hemmerslaugh died Feb. 25, 1952, in the State of  
<sup>born</sup>  
Missouri, and which was filed at Kansas City, Mo. on 2-27, 1952, should be corrected as follows:

Item No. 3 should read Elizabeth A. Hammerslaugh  
Instead of Elizabeth A. Hemmerslaugh

Item No. 14 should read Adolph S. Hammerslaugh  
Instead of ADolph S. Hemmerslaugh

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Edwin R. Kellogg, son

Relationship.

9716 Marshall Rd.

Present Address.

K.C. No.

Subscribed and sworn to before me this 11th day of June, 1954

My Commission expires

August 24, 1956

Bessie W. Smith

Notary Public.

Affidavits containing erasures will not be accepted. draw one line through error and write above it.

