

FILED FEB 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **1119**
Registrar's No. **294**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		STREET ADDRESS (If rural, give location) 6508 HIGH DRIVE 8150 8	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) C. c. (Last) ELSER			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 20 1955		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH APRIL 12 1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR 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) OWNER AND OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY BLUE HILLS RESTAURANT - KANSAS CITY, MISSOURI		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME GODFREY ELSER		13b. MOTHER'S MAIDEN NAME MARY MANHAGER		14. NAME OF HUSBAND OR WIFE MRS. ALICE ELSER	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WORLD WAR I		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME MRS. ALICE ELSER		ADDRESS 6508 HIGH DRIVE KANSAS CITY MO.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinomatosis, Generalized.					
	ANTECEDENT CAUSES	DUE TO (b) Carcinoma of Pancreas				4 Year
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				157X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas with metastasis.			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 **30 April, 1954**, to **20 Jan., 1953**, that I last saw the deceased alive on **20 Jan., 1953**, and that death occurred at **1:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wallace H. Graham M.D. (Degree or title)		23b. ADDRESS 518 Argyle Bldg. N.E. Mo 22, Jan. '55		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 22 1955	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 1-22-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newsome	ADDRESS 1331 - 13th St. CREEK KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

2010
A. C. M. Co.

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.....
Signature of Student Embalmer

Signed..... *Basil V. Honey*

Licensed Embalmer No. *41*

P. O. Address *A.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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.