

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33733
5657

Registration District No. 377

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: **Jackson**

(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: **Lakeside Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days** (Specify whether years, months or days)

In this community **5 Days** (Specify whether years, months or days)

3. (a) PRINT FULLNAME **Frank Elbert**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Rose Marti Elbert** 6. (c) Age of husband or wife if alive **76 years**

7. Birth date of deceased **October 1865**
(Month) (Day) (Year)

8. AGE: Years **75** Months **11** Days **10** If less than one day hr. min.

9. Birthplace **Henry County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

MOTHER FATHER { 12. Name **Benjamin Elbert**

13. Birthplace **unknown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

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

16. (a) Informant **Mrs. Frank Elbert**

(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **10-2-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner**

(b) Address **Windsor, Missouri**

19. (a) **10/2/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis** 080

(c) City or town **Rural** 0
(If outside city or town limits, write "RURAL.")

(d) Street No. **R. F. D. Windsor**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** Day **30**
year **1941** hour **3:00** p.m. minute M.

21. I hereby certify that I attended the deceased from **Sept 25** 1941, to **Sept 30** 1941; that I last saw him alive on **Sept 30** 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Shock following Transurethral Resection of Hypertrophy of Prostate**

Due to **acute uremia from shock**

Due to **Toxemia**

Other conditions **arteriosclerosis** 1375
(Include pregnancy within 3 months of death)

Major findings: Of operations **Hypertrophy of Prostate** Of autopsy **none**

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature **W. A. Woyner** (M. D. or other)

Address **714 Chambers Bldg** Date signed

WRITE PLAINLY—USE UNFADING BLACK 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. C. Hull, Huston*

Licensed Embalmer No. *3391*

P. O. Address. *Winchester, 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.