

U. S. No. 2  
FORM-8-43  
Rev. 5-17-36  
1 X 1

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

26907

3291

ED AUG 23 1944

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH

(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 Brunswick Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 35 years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Jessie D. McElmumphy

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Widowed

6. (b) Name of husband or wife Nelson K. McElmumphy 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased January 1 1880  
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Buckenside Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business at home

12. Name George H. Snyder

13. Birthplace Easton Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Shockley

15. Birthplace Barrell County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. K. K. Cokely

(b) Address Liberty, Missouri

17. (a) Burial (b) Date thereof Aug 12 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery, Harrison, Missouri

18. (a) Signature of funeral director D. H. Newcomer, Son

(b) Address 1401 Brush Creek Blvd

19. (a) 8-10-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City 48  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3320 Benton Blvd. 3  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10  
year 1944 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from August 4, 1944, to August 10 1944  
that I last saw him alive on August 9, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis

Due to 830

Due to 830

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Harold A. Pabst (M. D. or other) MD

Address 1132 Prof. Bldg Date signed 8/10/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1132 Mr. Harold Pallett  
Prof. Bessy -  
V. 11460

---

---

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address FC 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.**