

OCT 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

351410
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Flaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. Conley Street Registered No. 3517
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 430 Carol Jeanne Elliott
 (a) Residence, No. 2804 Olive St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 39
 7. AGE YEARS MONTHS DYS IF LESS than 1 day, hrs. or min.
0 0 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

13. NAME Dane Elliott
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston Mo.

15. MAIDEN NAME Margie Reynolds
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. C. Mo.

17. INFORMANT (ADDRESS) Dane Elliott 2804 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Sept 9, 39

19. FUNERAL DIRECTOR (ADDRESS) Casper Funeral Home 715 E. W. Mo.

20. FILED 9/8 39 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1939, to Sept - 7 - 1939
 I last saw hw alive on Sept - 7 - 1939. Death is said to have occurred on the date stated above, at 7:35 a.m.
 The principal cause of death and related causes of importance were as follows:

Septicemia following acute Pnemphigus
pnemphigus 153 b
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ?
 If so, specify _____
 (Signed) A. E. Seardens, M. D.
 (Address) 1805 1/2 Independence Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Chas Wilks, Licensed Embalmer No. 2644

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Chas Wilks

Licensed Embalmer No. 2644

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.)