

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41424

State File No.

JAN 10 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4817

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: St. Joseph Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months,
(Specify whether years, months or days)

In this community Unknown,

8. (a) PRINT FULL NAME Mrs. Maude Eldridge,

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

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

6. (b) Name of husband or wife John W. Eldridge, 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 9 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name Isaac W. Seavers,

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

14. Maiden name Ann Stumpff,

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

16. (a) Informant John W. Eldridge,

(b) Address 8006 Independence Ave., K.C., Mo.

17. (a) Burial, (b) Date thereof 12-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) Dec. 19, 1940 (b) M. M. 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,
(If outside city or town limits, write "RURAL")

(d) Street No. 8006 Independence Avenue,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th, year 1940 hour 11:55 minute P. M.

21. I hereby certify that I attended the deceased from Dec 18 1940 to Dec 18 1940, that I last saw her alive on Dec 18 1940, and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis Duration 18 mo

Due to Carcinomatosis of breast (operated about 4 yrs ago)

Due to 50

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Of operations as shown Of autopsy not

Duration

18 mo

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? no

(e) 3101 (Specify type of place) While at work? (e) Means of injury 1

23. Signature Joseph Neal (M. D. certifier)

Address 736 Arroyo Road Date signed 2/19/40

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

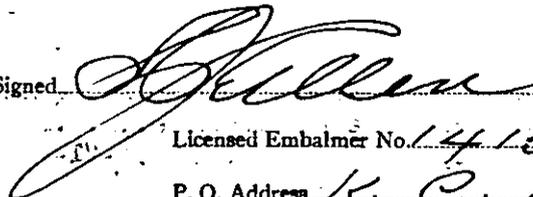
Dr. J. P. Neal,

Angyle Body (12 v Mc Gee)
3 R 177.

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 

Licensed Embalmer No. 1415

P. O. Address K. C. Mc

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, above space should be left blank.