

No. 2
-13-40
17-39
X23155

JAN 8 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4963**

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:
609 E 9th
(If not in hospital or institution, write street number or location) **2**

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 yrs years, months or days)

3. (a) PRINT FULLNAME ELMER S COLYER

3. (b) If veteran, name war No

3. (c) Social Security No. No

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

6. (b) Name of husband or wife Amy 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE: Years 65 Months 13 Days -- If less than one day hr. min.

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

10. Usual occupation Oil Promoter

11. Industry or business _____

12. Name William B Colyer

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

14. Maiden name Manala Murphy

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

16. (a) Informant Charles Colyer

(b) Address 3417 Wayne

17. (a) Burial (b) Date thereof 12/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Missouri

18. (a) Signature of funeral director A Sebeto

(b) Address 901 E 5th

19. (a) 12-29-40 (b) m. m. Browne
(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. 609 E 9th
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28 year 1940 hour 10 A M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pulmonary Edema

Due to Hypertensive Myocardium

Other conditions: 92 D
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury 5

23. Signature Russell (M. D. or other) _____
Address _____ 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.....

Ray E Snow

Licensed Embalmer No. *2560*

P. O. Address *1807 E 29*

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.