S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5995

MAR 14 1941

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 767

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: 5144 Wyandotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 5144 Wyandotte
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 56 years.

3. (a) PRINT FULL NAME: Adolph Frederick Ellfeldt

3. (b) If veteran, name war: No

3. (c) Social Security No. 493-12-2731

4. Sex: Male

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs. Florence Ellfeldt

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: June (Month) 10 (Day) 1869 (Year)

8. AGE: Years 71 | Months 8 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: Pritzwalk (City, town, or county) Germany (State or foreign country)

10. Usual occupation: President

11. Industry or business: Ellfeldt Hdw.& M. Supply Co.

FATHER
12. Name: No Record
13. Birthplace: " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: No Record
15. Birthplace: " " (City, town, or county) (State or foreign country)

16. (a) Informant: Howard J. Ellfeldt
(b) Address: 5500 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery

18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.

19. (a) 2/22/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from February 17, 1941, to Febr 21, 1941; that I last saw him alive on Febr 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chron 93 A	2 years
Due to Coronary Sclerosis 2 hours	
Due to upper respiratory infection	5 days
Other conditions (Include pregnancy within 3 months of death) 93 A	

Major findings:
Of operations: none
Of autopsy: none
Coronary Sclerosis

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 0

23. Signature: Orrin Sturgeon (M. D. or other)
Address: 224 Argyle Blvd Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Cecil P. Matthes

Licensed Embalmer No. 3807

P. O. Address K. C. 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, above space should be left blank.