

APR 15 1941

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1181

48
32
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Trinity Lutheran O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all years, months or days

3. (a) PRINT FULL NAME Michael Kent Elder

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race wh

6. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased 12-10-40
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0	3	12	hr. min.
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9. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name John Elder

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

14. Maiden name Verna Fehner

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

16. (a) Informant John Elder

(b) Address 4241 Bell

17. (a) Burial (b) Date thereof 3-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plater Mo

18. (a) Signature of funeral director John P. Schul

(b) Address 6606 Indep

19. (a) 3/23/41 (b) M. M. Browe
(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. 4241 Bell
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22 year 41 hour 4 minute 9 S.A.M.

21. I hereby certify that I attended the deceased from 3/12/41, 1941, to 3/21/41, 1941; that I last saw him alive on 3/21/41, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Empyema 1 day??

Due to: Pneumonia 11 days

Due to: 107

Other conditions: Acute Pericarditis 1 day??
(Include pregnancy within 3 months of death)

Major findings: 107

Of operations _____

Of autopsy Same as above

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 D

23. Signature Dr. M. M. Browe (M. D. or other) _____

Address 4241 Bell Date signed 3/23/41

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.....

P. O. Address.....

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.