

No. 2  
13-40  
17-39  
X23139

FILED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17129

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1791

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 R.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 27 days  
(Specify whether years, months or days)  
 In this community 20 yrs

3. (a) PRINT FULL NAME Ada Elliott  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no

4. Sex Female 5. Color of race White  
 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife Orvel Elliott  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased Feb-14 1895  
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 20  
 If less than one day hr. min.

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

10. Usual occupation W Pa

11. Industry or business Sewing Room

12. Name James Pendleton

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

14. Maiden name Fannie Ruffin

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

16. (a) Informant Verlida Wenegar

(b) Address 1308 Jefferson

17. (a) Burial (b) Date thereof May 6-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Washington

18. (a) Signature of funeral director Mrs. C. R. Foster

(b) Address 918 Brooklyn

19. (a) May 6 1941 (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. 1015 Jefferson  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th  
 year 1941 hour 10 minute 40 A.M. M.

21. I hereby certify that I attended the deceased from 4-19-41, 19... to 5-4-41, 19...  
 that I last saw her alive on 5-4-41, 19...  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
ACUTE YELLOW ATROPY OF LIVER  
(Non-puerperal)

Due to 125

Due to 125

Other conditions 125  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy None

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 \_\_\_\_\_

23. Signature Dr. R. Thom (M. D. or other) 0  
 Address Med. Dir. K.C. Gen. Hospital 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 *me*

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed *J. Chau Sheppard*

Licensed Embalmer No. *4179*

P. O. Address *N. E. No.*

**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.**