

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33984**
3924
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

48
8
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:
423 West 34th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **50 Years** / _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
423 West 34th St.
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____ **D**

3. (a) PRINT FULL NAME **MRS. FRANCES EUGENIA ELIOT**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Benjamin F. Eliot** 6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **July 14 1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **3** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Statesville, North Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER { 12. Name **Hezekiah Summers**
FATHER { 13. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth E. Bageley**
15. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ben. J. Maledon**

(b) Address **423 West 34th St.**

17. (a) **Burial** (b) Date thereof **10-22-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

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

19. (a) **10/21/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **18th**
year **1941** hour **11** minute **00** P.M.

21. I hereby certify that I attended the deceased from **Feb 15 1941 to 18 - Oct - 1941**
that I last saw her alive on **7 P.M. - 19 - Oct - 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Uremic Poisoning

Due to **General Pathologic Condition of Pelvic**

Due to **Meloid Sarcoma of P.P. of Ball - SSE**

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

Major findings: Of operations **Radical Kidney**

Of autopsy **Yes**

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 **M. M. Crowe** (M. D. or other) **M.D.**
Address **724 Ogden** Date signed **10/20/41**

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 R. R. Hainschuld
Licensed Embalmer No. 4159
P. O. Address K. E. 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, fact should be so stated above.