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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34020
Registrar's No. 3960

Registration District No. 399 Primary Registration District No. 1002

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: St. Luke's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)
In this community 35 Years 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 320 West 45th Street Terrace (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------ 0

3. (a) PRINT FULL NAME Mr. William Dale Elder
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Virtoria Durham Elder
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May (Month) 31 (Day) 1881 (Year)

8. AGE: Years 60 Months 4 Days 24 If less than one day ___ hr. ___ min.

9. Birthplace Carroll County (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Elder & Carey Electric Co.
11. Industry or business 752 Minnesota Ave., K.C. Ks.
FATHER
12. Name William Elder
13. Birthplace (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Ida Domm
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Victoria Durham Elder
(b) Address 320 West 45th Street Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill cemetery
18. (a) Signature of funeral director O. N. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 10/24/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th year 1941 hour 4 minute 37 A. M.
21. I hereby certify that I attended the deceased from ___ 19___ to ___ 19___; that I last saw h___ alive on ___ 19___; and that death occurred on the date and hour stated above.

Pathologist

Immediate cause of death	Duration
Bronchogenic Carcinoma	?
Due to 47c	
Due to Brain Metastasis	1 mo.?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed Oct 24

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1941

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.