

REG. JAN 30 1943

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**

(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: **Research Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 days**
(Specify whether years, months or days)

In this community **25 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Missouri** (b) County **Jackson** **3**

(c) City or town **Kansas City** **8**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Walter C. Ellfeldt**

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

3. (c) Social Security No. **None**

4. Sex **Ma**

5. Color or race **Wh**

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

6. (b) Name of husband or wife **Elizabeth Ellfeldt**

6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **October 13 1909**
(Month) (Day) (Year)

8. AGE: Years **33** Months **3** Days **7** If less than one day **hr. min.**

9. Birthplace **Kansas City Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Artist**

11. Industry or business **Self**

12. Name **Adolph F. Ellfeldt**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Florence Lischka**

15. Birthplace **Austria-Hungary 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dwight E. Williams**

(b) Address **4542 Jarboe**

17. (a) **Burial** (b) Date thereof **1-22-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **J.M. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **1-21-43** (b) **M.M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **20**
year **1943** hour **3:** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Aug 1942**
19 **Jan. 20** 19 **43**
that I last saw him alive on **Jan 19** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage from Gastric Ulcer** **10 days**
Duration

Due to **Cancer of the liver**

Due to **1943**

Other conditions **1943**
(Include pregnancy within 3 months of death)

Major findings: **1943**

Of operations _____

Of autopsy _____

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? _____

(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 **Paul B. [Signature]** (M. D. or other) **Jan 21 43**

Address **Dr. Paul Kelly, E.C. Mo.** Date signed _____

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

MOTHER FATHER

JAN 23 1942

424 Prof Bq
Frank L. Miller M.D.

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 R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.