

FILED NOV 19 1948

Primary Registration District No. 1002

Registrar's No. 4569

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:  
**962 West 42nd street**  
(If not in hospital or institution, write street number or location)

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

In this community **42 years**  
years, months or days

3. (a) PRINT FULL NAME **Frank Eldridge**

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

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

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs. Lena M. Eldridge**

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

7. Birth date of deceased **June 24, 1867**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	3	hr. min.

9. Birthplace **Burlin Wisconsin**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **K. C. Public Service Co.**

12. Name **Dan C. Eldridge** **Michigan**

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

14. Maiden name **Ellen Vettters**

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

16. (a) Informant **Mrs. Lena M. Eldridge**

(b) Address **962 West 42nd Street**

17. (a) **Burial** (b) Date thereof **10/30/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Freeman Mortuary**

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

19. (a) **10-28-43** (b) **N. E. 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. **962 West 42nd Street**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **27** 19**43**  
year **1943** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Sept 11** to **Oct 27** 19**43**  
that I last saw him alive on **Oct 26** 19**43**  
and that death occurred on the date and hour stated above

Immediate cause of death **Cerebral Hemorrhage**

Due to **Chronic nephritis & arteriosclerosis**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: **131R**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **E. Remley** (M. D. or other) \_\_\_\_\_

Address **832 Argyle Bldg** Date signed **10/28/43**

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

MOTHER FATHER

Dr. G.C. Remley  
Angyle Bldg.  
1 PM.

---

---

**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.**