

FILED JUL 8 1944

2692

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: 321 Ward Parkway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 40 years  
In this community: 40 years  
years, months or days (Specify whether)

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.: 321 Ward Parkway  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country: NO

3. (a) PRINT FULL NAME: Ernest Field McElroy

3. (b) If veteran, name war: NO  
3. (c) Social Security No: Not known

4. Sex: Male 5. Color or race: White  
6. (a) Single, widowed, married, divorced: Married  
6. (b) Name of husband or wife: Elizabeth McElroy  
6. (c) Age of husband or wife if alive: unk years  
7. Birth date of deceased: June 26th 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 27th  
year 1944 hour 7:00 minute P. M.  
21. I hereby certify that I attended the deceased from Oct 23  
1944 to June 27, 1944

that I last saw him alive on June 23, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Artery Disease  
Myocardial Infarction  
Due to: arteriosclerosis  
Due to: arteriosclerosis

Other conditions: ✓  
(Include pregnancy within 3 months of death)

Major findings: 83a  
Of operations: 0  
Of autopsy: 0

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 0  
(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? no (e) Means of injury:

23. Signature: [Signature] (M. D. or other)  
Address: [Address] Date signed: 6-28-44

8. AGE: Years 68 Months 0 Days 1  
If less than one day: hr. min.

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

10. Usual occupation: Realtor

11. Industry or business: Real Est. & Investment

MOTHER, FATHER {  
12. Name: unknown  
13. Birthplace: unknown a  
(City, town, or county) (State or foreign country)  
14. Maiden name: unknown  
15. Birthplace: unknown a  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Elizabeth McElroy  
(b) Address: 321 Ward Parkway, K. C., Mo.

17. (a) Entombment (b) Date thereof: 6-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: Stine & McClure  
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-28-44 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

2  
43  
39  
37823

Dr. Walter B Miller  
anatomist

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.....

*E M Plank*

Licensed Embalmer No.....

*1848*

P. O. Address.....

*150 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.