

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29788**  
Registrar's No. **4019**

**FILED** OCT 8 1945

Registration District No. **199** 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:  
**General Hospital 0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 weeks** (Specify whether  
In this community **40 Years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson #8**

(c) City or town **Kansas City 3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4317 E. 22nd 8**  
(If rural, give location)

(e) Citizen of foreign country? **No 0** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Bertha McElroy**

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 **Married**

6. (b) Name of husband or wife **Thomas H. Mc Elroy**

6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **Dec. 18th, 1875**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**69** **9** **10** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **William H. Casswell**

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

14. Maiden name **Cerelda Morris**

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

16. (a) Informant **Aubrey C. McElroy**

(b) Address **4137 Agnes Ave.**

17. (a) **Burial** (b) Date thereof **10/1/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rich Hill, Missouri**

18. (a) Signature of funeral director **Earp Funeral Home**

(b) Address **4139 East 15th, St.**

19. (a) **9-29-45** (b) **Chaldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **28**  
year **1945** hour **1** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **September 10, 1945** to **September 28, 1945**  
that I last saw her alive on **September 28, 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Circulatory failure**

Due to **stone obstructing common bile duct**

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

Other conditions (Include pregnancy within 3 months of death) **12784**

Major findings: Of operations \_\_\_\_\_

Of autopsy **see above**

Duration \_\_\_\_\_

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 **Clark W. Seely MD** (M. D. or other) \_\_\_\_\_  
Address **Med. Dir. K. General Hospital** (Date signed) \_\_\_\_\_

**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.....

*John B. Camp*

Licensed Embalmer No. *2955*

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.**