

No. 2
MOM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1945
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20244

State File No. _____

FILED JUL 2 1946
199

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2742

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(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 4 days
(Specify whether years, months or days)

In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Rural Hardin
(If outside city or town limits, write "RURAL")

(d) Street No. Near Hardin, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ellen Edith Elliott

3. (b) If veteran; name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1946 hour 6 A M minute _____ M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Hynds Elliott

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept. 18- 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 17 March 1946 to 20 June 1946
that I last saw her alive on 19 March 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	59	9	2	_____ hr. _____ min.

Immediate cause of death Intestinal obstruction

Duration 6 days

9. Birthplace Hardin, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to _____

Due to _____

Other conditions 1225
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Mathew J. Loeven

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

14. Maiden name Henrietta Becker

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically:

Major findings: Intestinal obstruction due to adhesive band

Of autopsy _____

16. (a) Informant Lillian Loeven

(b) Address Hardin, Mo.

17. (a) Removal (b) Date thereof 6-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lavelock Cem, Hardin

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? no

18. (a) Signature of funeral director John W. Kripschke

(b) Address Hardin, Mo.

19. (a) 6-20-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. W. Greene (M. D. or other) M.D.

Address 403 Grand, Kansas City, Mo. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

20 June 1946

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

48
3
8

MOTHER FATHER

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed John W. Knipschild
Licensed Embalmer No. 2789
P. O. Address Hardin 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.