

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29566

State File No. _____

FILED SEP 30 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1064

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pamela Sue Elwell
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 21
year 1946 hour 45 minute 45 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased September 19 1946
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 19 1946 to Sept 21 1946
that I last saw him or alive on Sept 21 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 3 hr. min.

Immediate cause of death Central hemorrhage Duration 2.20
Due to Hard labor
Due to _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation None

11. Industry or business _____

12. Name William Elwell

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

14. Maiden name Maxine Belcher

15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Elwell

(b) Address 605 No. 12th St., St. Joseph, Missouri

17. (a) Burial (b) Date thereof 9/23/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Halter Meierhoff
(b) Address 1302 Faron, St. Joseph, Missouri

19. (a) Sept. 25, 1946 (Date received local registrar)
[Signature] (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
TOP

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 1

23. Signature H. S. Kirby (M. D. or other) M.D.
Address St Joseph Mo Date signed 9-27-46

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

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.....

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

Signed Albert P. Harrington

Licensed Embalmer No. 3258 Mo.

P. O. Address St. Joseph, 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.

D. G. Kearney