S. No. 2
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5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

Registration District No. 749

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9036

Primary Registration District No. 1002

Registrar's No. 1036

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 No. 1 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9½ hrs. (Specify whether years, months or days)

In this community 13 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

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

(d) Street No.: 1220 Winchester 8
(If rural, give location)

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

If yes, name country: ------

3. (a) PRINT FULL NAME: Raymond SHEPARD Elder

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

3. (c) Social Security No. 494-12-8060

4. Sex: MALE O

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: MRS. JENNIE MARIE ELDER

6. (c) Age of husband or wife if alive: 29 years

7. Birth date of deceased: APRIL (Month) 8 (Day) 1913 (Year)

8. AGE: Years 33 | Months 10 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace: DE WITT (City, town, or county) MISSOURI O (State or foreign country)

10. Usual occupation: RETIRED

11. Industry or business: MACHINIST

MOTHER FATHER

12. Name: JAMES ELDER O

13. Birthplace: UNKNOWN (City, town, or county) MISSOURI (State or foreign country)

14. Maiden name: MARY WATTERS

15. Birthplace: (City, town, or county) MISSOURI D (State or foreign country)

16. (a) Informant: MRS. JENNIE M. ELDER

(b) Address: 1220 WINCHESTER AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR. 8 1947 (Month) HIGHLAND PARK CEMETERY

(c) Place: burial or cremation: KANSAS CITY, KANSAS

18. (a) Signature of funeral director: D. A. Newcomus Sons

(b) Address: 1401 BRUSH CREEK BLVD.

19. (a) 3-7-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1947 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 5, 1947 to March 5, 1947; that I last saw him alive on March 5, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculous pneumonia due to far advanced pulmonary tuberculosis with multiple cavities and abscesses

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 2 h

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury: O

23. Signature: Wm. W. Hart (M. D. or other) MD

Address: Med. Dir. Gen'l Hosp. Date signed: 3-6-47

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.C. 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.