

No. 2
-12-45
-17-39
I X47370

Filed for Registration **APR 28 1947**

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, 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 **30 days**
In this community **2 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Julia Myrtle Elder

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

3. (c) Social Security No. **No**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Wm. N. Elder**

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

7. Birth date of deceased **March 3 1893**
(Month) (Day) (Year)

8. AGE: Years **54** Months **1** Days **7**
If less than one day hr. min.

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

10. Usual occupation **housewife home**

11. Industry or business **home**

12. Name **Henry Johnson**

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

14. Maiden name **Rosa Mc Kibben**

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

16. (a) Informant **M. Wm. N. Elder**
(b) Address **405 East 3rd, K. C., Mo.**

17. (a) ~~removal~~ (b) Date thereof **April 13-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **East Slope @ Parkville, Mo.**

18. (a) Signature of funeral director **Edward A. Sauer**
(b) Address **Parkville, Mo.**

19. (a) **4-12-47** (b) **Blairline Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson, Mo.**
(c) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **405 E. 3rd St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10**
year **1947** hour **2** minute **10** A.M.

21. I hereby certify that I attended the deceased from **Feb. 26**, 1945, to **April 10**, 1947
that I last saw her alive on **April 3**, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death **Circulatory collapse few min.**
Due to **Carcinoma of cervix with extensive metastases and recto-vaginal vesico-vaginal fistulae**
Other conditions: **480**
(Include pregnancy within 3 months of death)

Major findings: **large fixed pelvic mass c right ureteral obstruction**
Of operations: **none performed**
Of autopsy: **none performed**

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**

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Arthur S. Smith** (I. D. or other) _____
Address **830 Argyle Bldg, Kansas City, Mo.** Date signed **4/10/47**

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

Signed.....

Leland H. Francis

Licensed Embalmer No.....

3451

P. O. Address.....

Parkville 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.