

FILED DEC 15 1947 49

Registration District No.

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: **St Marys Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
In this community **3 weeks**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyandotte**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **626 S 10th Street**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **Charles Franklin Elliott**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **702-09-0848**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Minnie E. Elliott** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **March 8 1876**
(Month) (Day) (Year)

8. AGE: Years **74** Months **8** Days **21** If less than one day hr. min.

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

10. Usual occupation **Car Carpenter**
11. Industry or business **American Refrigerator Transit Co.**

MOTHER FATHER { 12. Name **Robert M. Elliott**
13. Birthplace **Louisville Kentucky**
14. Maiden name **Josephine Elliott**
15. Birthplace **Hopewell Kentucky**

16. (a) Informant **Minnie Elliott**
(b) Address **626 S 10th St K.C.K.**
17. (a) **Removal** (b) Date thereof **12-1-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Park**

18. (a) Signature of funeral director **Wm Daniel Smith**
(b) Address **44 Kansas Ave K.C. Kansas**
19. (a) **12-1-47** (b) **A. E. Upcher**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **29**
year **1947** hour **3** minute **A** M.

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

Immediate cause of death **acute Pulmonary Embolism**
Due to **Arterial failure**
Other conditions **Hypertrophy of heart**
(Include pregnancy within 7 months of death)

Major findings: Of operations **11**
Of autopsy **See Above**
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? **A. E. Upcher** (Specify type of place of injury)
23. Signature **A. E. Upcher** (M. D. or other)
Address **2800 Main 4/22/47**

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

Signed.....

H. H. Simonon

Licensed Embalmer No. 3903

P. O. Address.....

K. C. K.

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.