

No. 300  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26272**  
Registrar's No. **3397**

FILED SEP 4 1948

Registration District No. **149**

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:  
**4620 Wyoming St. /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**  
(Specify whether years, months or days)

In this community **6 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Edna F. Elder**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **white**

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

6. (b) Name of husband or wife **Mr. W. D. Elder**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased: **June 5 1881**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **13** If less than one day  
hr. min.

9. Birthplace **Big Mound Iowa /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **Elmore C. Heaton.**

13. Birthplace **No Record Indiana /**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Ellen Conell**

15. Birthplace **No Record West Va. /**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Isla D. Elder**

(b) Address **4620 Wyoming St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/21/48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cem. Toka, Kans.**

18. (a) Signature of funeral director **Gates Funeral Home**

(b) Address **1901 Olathe Blvd. K. C. Kans.**

19. (a) **8-20-48** (Date received local registrar) (b) **Seraldine Holm** (Registrar's signature)

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. **4620 Wyoming St.** **8**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **18**  
year **1948** hour **2** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Monk**, 19**48**, to **Aug 18**, 19**48**  
that I last saw her alive on **Aug 18**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **2 days**

Due to **Hypertension** **10 years**

Due to \_\_\_\_\_

Other conditions **none**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations **830**

Of autopsy \_\_\_\_\_

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? **Kans.**

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **J. E. Hancock M.D.** (M. D. or other) **8/20/48**  
Address **3527 Broadway Kansas City Mo** Date signed **8/20/48**

M. Kraucholtz  
3527 Broadway  
WE 5522

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**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

*Jimmy S. Huckshon*

Licensed Embalmer No. *4092*

P. O. Address *Missouri, Kansas*

**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.**