

No. 300  
10-47  
5-17-39  
1 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32872

FILED NOV. 4 1948  
Registration District No. 49

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 3966

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. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community Since 1912  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2539 Holmes Street  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Miss Mae Eldridge  
3. (b) If veteran, name war no.  
3. (c) Social Security No. 487-12-3818

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 30  
year 1948 hour 7:00 minute 0 A. M.

4. Sex female / 5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife no.  
6. (c) Age of husband or wife if alive X years

21. I hereby certify that I attended the deceased from Jan 5, 1947, to Sept 30, 1948  
that I last saw her alive on Sept 29, 1948  
and that death occurred on the date and hour stated above.

7. Birth date of deceased August 17 1891  
(Month) (Day) (Year)  
8. AGE: Years 57 Months 1 Days 13  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Uremia terminal  
Due to Hypertensive Heart Disease  
Due to Uremia

9. Birthplace Nebraska  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 93d  
Major findings: Of operations: \_\_\_\_\_  
Of autopsy: as above.

10. Usual occupation Hat Department Clerk

11. Industry or business X

12. Name L. W. Eldridge

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

14. Maiden name Hattie Fulkerson

15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant F. J. Eldridge,

(b) Address Joplin, Missouri

17. (c) burial (b) Date thereof 10-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & Mc Clure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (c) 9-30-48 (d) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury 0  
23. Signature Walter P. Hunter (M. D. or other) M.D.  
Address 1408 Waldheim Bldg Date signed 9/30/48

Duration 1 wk  
yes.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Dr. Martin P. Hunter  
Dr. W. M. Ketcham

Dr. Hunter

will be in 1408 Waldheim Bldg.,  
after 1:30 today

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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.....

*Robert H Reed*

Licensed Embalmer No.....

*3745*

P. O. Address.....

*H. E. Ho*

**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.**