No. 300
—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 11 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36513
4534

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: Menorah
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-26-48 - 11-6-48 (Specify whether
In this community 30 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 48

(c) City or town Hickman Mills
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sarah Elmer

3. (b) If veteran, name war no

3. (c) Social Security No. NONE

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife HENRY ELMER

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

7. Birth date of deceased AUGUST (Month) 8 (Day) 1874 (Year)

8. AGE: Years 74 Months 2 Days 28 If less than one day hr. min.

9. Birthplace COUNTY DURHAM (City, town, or county) ENGLAND 4 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name GEORGE JOSEPH BOTHAM 4
13. Birthplace (City, town, or county) ENGLAND (State or foreign country)

MOTHER
14. Maiden name JANE HANNAH GELDARD 1
15. Birthplace (City, town, or county) ENGLAND 1 (State or foreign country)

16. (a) Informant MRS. PAULINE BYRNE

(b) Address 4707 FAIRMOUNT

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 11-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation KANSAS SHAWNEE, KANSAS ST. JOSEPHS CEMETERY

18. (a) Signature of funeral director J. F. Howell Co.

(b) Address 3256 BROADWAY

19. (a) 11-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6 year 1948 hour 3 20 minute 9 M.

21. I hereby certify that I attended the deceased from 10-26, 1948, to 11-6, 1948; that I last saw her alive on Nov 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Pneumonia, lobar, atypical (2) arteria - sclerosis, severe

Due to Hypertension & left hemiplegia

Due to Severe arteria - sclerosis & diabetes mellitis 46

Other conditions Hypertrophy of heart, multiple tumors abdo, Ovary, Thyroid, uterus etc.
(Include pregnancy within 3 months of death)

~~Major findings Of operations~~ Autopsy: carcinoma of sigmoid colon & carcinoma of thyroid

Of autopsy Severe arteria - sclerosis, pneumonia hypertrophy of heart, multiple tumors

Duration: 1- 5 days

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? B. Marcus Heller (Specify type of place)

While at work? (e) Means of injury

23. Signature B. Marcus Heller (M. D. or other) M.D.

Address 416 Bryant Bldg. Date signed 11-7-48

(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 Park G. Rowe

Licensed Embalmer No. 2347

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.