

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

8504

State File No. ....

|   |  |  |   |  |   |   |                                  |
|---|--|--|---|--|---|---|----------------------------------|
| BIRTH NO. ....  |  | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>   |   | Registrar's No. <u>943</u>  |                                  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jackson</u> |   |   |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |  | c. LENGTH OF STAY (in this place) <u>35 yrs.</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |   | d. STREET ADDRESS (If rural, give location) <u>1631 W. 9th. St.</u>                 |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Providence</u>  |  |  |   |  |   |   |                                  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Dr. Chester</u><br>b. (Middle) <u>Arthur</u><br>c. (Last) <u>Mc Elroy</u>   |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>February 27, 1949</u> |  |   |   |                                  |
| 5. SEX <u>male</u>  | 6. COLOR OR RACE <u>negro</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>                                 | 8. DATE OF BIRTH <u>December 27, 1897</u>                         |  | 9. AGE (In years last birthday) <u>51</u>                             | 10. MONTHS <u>3</u>   | 11. DAYS <u>5</u>                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>1631 W. 9th.</u>  |   | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>  |                                  |
| 13a. FATHER'S NAME <u>Henry Mc Elroy</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Selina White</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>Vivian Mc Elroy</u>   |   |   |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>  |  | 16. SOCIAL SECURITY NO. <u>none</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Melba Holman</u><br>ADDRESS <u>1631 W. 9th. St.</u>   |   |   |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c).<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                        | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>right heart failure</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>marked pulmonary emphysema</u><br>DUE TO (c) <u>Bronchial asthma</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>241X</u> |  |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |  |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |   |   |                                  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?   |   |   |                                  |
| 22. I hereby certify that I attended the deceased from <u>Feb. 11, 1949</u> , to <u>Feb. 27, 1949</u> , that I last saw the deceased alive on <u>Feb. 27, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above. |  |  |   |  |   |   |                                  |
| 23a. SIGNATURE <u>George H. Taft M.D.</u> (Degree or title)   |  |  |   | 23b. ADDRESS <u>Kansas City, Mo.</u>   |   | 23c. DATE SIGNED <u>3-1-49</u>  |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>   |  | 24b. DATE <u>3-3-49</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>                |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |   |                                  |
| DATE REC'D BY LOCAL REG. <u>3-1-49</u>  |  | REGISTRAR'S SIGNATURE <u>Melba Holman</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros.</u> ADDRESS <u>1729 Lydia</u>  |   |   |                                  |

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

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.

WRITE PLAINLY—USING UNFADING INK

etc. It means the disease, injury, or complication which caused death.

the underlying cause last.

STATEMENT BY LICENSED EMBALMER

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 21a. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1949, to Feb. 27, 1949, that I last saw the deceased alive on Feb. 27, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE George H. Craft (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

3/3/49

24c. NAME OF CEMETERY OR CREMATORY

Highland Cemetery

24d. LOCATION (City, town, &amp; county) (State)

Kansas City, Missouri

DATE REC'D BY LOCAL REG.

3-1-49

REGISTRAR'S SIGNATURE

Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE

Watkins Bros. 1729 Lydia

ADDRESS

(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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *L. Jerome Marlow*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.