

'MAD IMPULSE' VICTIMS



**Mrs. Vera Elmore.**

**William Elmore.**

Police Photo.

Shaken with remorse, William Elmore, 31, a cripple of 823 Weather-ton, confessed today how he had beaten to death with his crutch his wife and mother of four children, Mrs. Vera Edna Mae Elmore, 29, in their small cottage as tragic climax to nine years of matrimonial difficulty. His wife had been receiving men callers for all but two of their eleven years of married life. Elmore asserted, blaming a mad impulse for the killing.

Elmore, Vera Ednaeae Sommers 1914 -1944

*Coroner Case*

Form V. R. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

**COMMONWEALTH OF KENTUCKY**  
Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

State File No. 4493  
Registrar's No. 617

Registration District No. 758 Primary Registration District No. 2275

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**1. PLACE OF DEATH:**  
(a) County Jefferson  
(b) City or town Louisville  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community 04 (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Kentucky (b) County Jefferson  
(c) City or town Louisville  
(If outside city or town limits, write RURAL)  
(d) Street No. Meatherton Court  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? 26-2 years

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3(a) FULL NAME Vera Ednaeae Elmore  
3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Mr. Elmore  
6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased Dec. 4, 1914  
(Month) (Day) (Year)

8. AGE: Years 29 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Louisville, Ky.

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

**FATHER**  
12. Name Rudy Summers  
13. Birthplace Cincinnati, Ohio

**MOTHER**  
14. Maiden name Mary Schultz  
15. Birthplace Louisville, Ky.

16(a) Informant's own signature Mr. Rudy Summers  
(b) Address Meatherton Court

17. BURIAL, CREMATION, OR REMOVAL  
Place Cabana Cemetery Feb. 7, 1944

18(a) Signature of funeral director Arch. Hendry  
(b) Address 211 S. 3rd St.

19(a) FEB 18 1944  
(Date received by local registrar)

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**MEDICAL CERTIFICATION**

20. DATE OF DEATH Feb 4 1944

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date stated above at 1:45 P. M.  
Immediate cause of death Trauma: Shock  
From slip & fall on Feb 4  
to side of brain  
Due to Beating by her husband  
DURATION 1944

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 168  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Her slaying  
(b) Date of occurrence Feb 4, 1944  
(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury as above

23. Signature Dr. John M. Kearney  
Address Fisher Court, Ky. Date signed 2/7/44