

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13801
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. _____
 (b) Township Kaw Primary Registration District No. _____
 (c) City Kansas City (d) Street No. 5331 Highland Registered No. 1781
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Daniel N. Kelley

(a) Residence, No. 5331 Highland St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kettie Kelley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1855

7. AGE YEARS 82 MONTHS 7 DAYS 26 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) New York

FATHER 13. NAME John Kelley
 14. BIRTHPLACE (CITY OR TOWN) No record (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Catherine Kluffy
 16. BIRTHPLACE (CITY OR TOWN) No record (STATE OR COUNTRY)

17. INFORMANT Sister Camille, Sup. (ADDRESS) 5331 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 4/29/38

19. FUNERAL DIRECTOR (NAME) Quirk & Tobin Co. (ADDRESS) Kansas City, Missouri

20. FILED Apr 27 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1938 to April 27 1938
 I last saw him alive on April 27 1938. Death is said to have occurred on the date stated above, at 4:05 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset about 12 hours
9/4/33
 Other contributory causes of importance: Coronary Artery Disease
6 months

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) Paul J. O'Rourke M. D.
 (Address) 1402 Bryan Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 _____

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, above space should be left blank.