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

31201
Do not use this space.

REC'D OCT 15 1938

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kan
(c) City Kansas City
(d) Street No. K C Gen Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registration District No. 399
Primary Registration District No. 1602
Registered No. 3498

2. PRINT FULL NAME Mae Kelley
(a) Residence, No. 2549 Summit St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: 2
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 23 1877
7. AGE: YEARS 61 MONTHS DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W. P a
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) (STATE OR COUNTRY): Iowa

FATHER
13. NAME: Erwin Russell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Mary Little
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Record Clerk K C Gen Hosp KC Mo
18. BURIAL, CREMATION, OR REMOVAL: Greenlawn Cem DATE 9-6-38
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Peter B Lapelinck 536 Campbell St
20. FILED Sept 6 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-24, 1938
22. I HEREBY CERTIFY, That I attended deceased from 8-17, 1938, to 8-24, 1938
I last saw her alive on 8-24, 1938. Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithias and Cholecystitis	
95B21	

Other contributory causes of importance: Cardiac decompensation

Name of operation Cholecystec Date of 8-23-38
What test confirmed diagnosis? Was there an autopsy?

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? 1
If so, specify
(Signed) P. F. De Maria, M. D.
(Address) Supt K C Gen Hosp KC Mo

Licensed Embalmer's Statement on Reverse Side)

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 con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.