V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

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

FILED APR 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9809

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 1243

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: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)

In this community: 38 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits write "RURAL")

(d) Street No.: 1715 Linwood Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mrs. Cora Edith Kelley 400

3. (b) If veteran, name war: No

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Wid.

6. (b) Name of husband or wife: Thomas Kelley

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

7. Birth date of deceased: Feb. 22, 1872 (Month) (Day) (Year)

8. AGE: Years 68 | Months -- | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace: Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: At home

11. Industry or business:

FATHER 12. Name: Henry Duck

FATHER 13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Parthena Elkins

MOTHER 15. Birthplace: England (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Bertha Balderston

(b) Address: Nardin, Okla.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-21-40 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Mary's Cem.

18. (a) Signature of funeral director: O. W. Newcomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) 3-20-40 (Date received by local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1940 hour 2 minute 1 M.

21. I hereby certify that I attended the deceased from Mch 18, 1940, to Mch 19th, 1940, that I last saw h. alive on Mch 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolis — Duration

Due to: Diabetic Coma 5d

Due to: Diabetes Mellitus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: J. J. Davis (M. D. or other)

Address: 1010 Prof. Bld. Date signed: 3/20/40

(Licensed Embalmer's Statement on Reverse Side)

1018 Professional Bldg
11:30-4

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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, above space should be left blank.