

FILED MAY 15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 months  
(Specify whether  
In this community 35 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,  
(c) City or town Kansas City,  
(If outside city or town limit write "RURAL")  
(d) Street No. 521 Walnut Street,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME John J. Kelcher, 426

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased September 18 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Janitor

11. Industry or business X 5

12. Name Dennis Kelcher, 5

13. Birthplace Ireland, 5  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Scannell

15. Birthplace Ireland,  
(City, town, or county) (State or foreign country)

16. (a) Informant W. A. Kelcher

(b) Address Albuquerque, New Mexico, N. M.

17. (a) Burial (b) Date thereof 4-6-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director Stino & McClure

(b) Address 3225 Callahan Plaza, K.C., Mo.

19. (a) April 6, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 4th,  
year 1940, hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from Nov 8 39 to 4-4 40, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Arteriosclerosis

Due to \_\_\_\_\_

Due to 9/1/40

Other conditions Senile Dementia 6240  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. M. Crowe (M. D. or other) \_\_\_\_\_

Address 1023 Riverside Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Kickok

**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. 1415

P. O. Address J. 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.