

MAR 14 1941

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **K.C. Gen. Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **21 days**
In this community **6 years**
years, months or days

3. (a) PRINT FULL NAME **Mary Kelley**

3. (b) If veteran, name war **N/A**
3. (c) Social Security No. **N/A**

4. Sex **Female** 5. Color or race **whit**
6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **Thomas W. Kelly**
6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **March 24 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **10** Days **11** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Phillip Ungert**

13. Birthplace **Penn**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Benson**

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

16. (a) Informant **ma Albert Wiebe**

(b) Address **636 E 71 Terrace**

17. (a) **Burial** (b) Date thereof **2-7-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Stine, Inc**

(b) Address **13 E. W.**

19. (a) **2/6/41** (b) **M. M. Grome**
(Date received local registrar) (Registrar's signature)

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. **636 E. 71st St. Terrace**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **5th**
year **1941** hour **12** minutes **10 P.** M.

21. I hereby certify that I attended the deceased from **11-15-40**, 19, to **2-5-41**, 19;
that I last saw **EP** alive on **2-5-41**, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Adenocarcinoma of rectum with metastases to liver, lungs, and heart**

Due to **1 1/2**
Due to

Other conditions **Bilateral pyelonephritis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **4/6/41**

Of autopsy **See above**

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 **0**

23. Signature **Drury R Thom** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital, K.C. Mo.** Date signed

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

48
8308

48
308

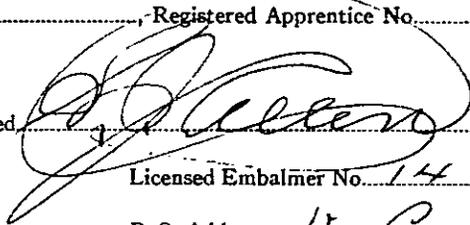
MOTHER FATHER

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 17. C. 170

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, fact should be so stated above.