

DEC 22 1941 399  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

State File No. \_\_\_\_\_

Registrar's No. 4424

## 1. PLACE OF DEATH

Jackson

- (a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution:  
17 K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 8 Weeks  
years, months or days)

3. (a) PRINT  
FULL NAME

DANIEL KELLY

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 487-05-1083

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Grace Kelly 6. (c) Age of husband or wife if alive 61 yrs  
7. Birth date of deceased March 18th 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 8 11 hr. min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

- MOTHER FATHER { 12. Name Michael Kelly  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Sheehane  
15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address K.C. General Hospital  
17. (a) Removal (b) Date thereof Nov 22, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director H.D. Seidenfaden  
(b) Address 1802 Union - St. Joseph, Mo.  
19. (a) 11-29-41 (b) M. M. Crook  
(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. 2001 Indep. Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th  
year 1941 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from  
11-26-41 19 to 11-29-41 19

that I last saw him alive on 11-29-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia;  
Carcinoma of prostate  
Metastasis to lungs  
Due to Cardiac hypertrophy &  
dilatation  
Due to 51B

Other conditions  
(Include pregnancy within 8 months of death)

## Major findings:

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

(Specify type of place)  
While at work? \_\_\_\_\_ Means of injury C  
Signature Jimmy R. Thomas (M.D. or other)  
Med. Dir. K.C. Gen. Hospital Date signed \_\_\_\_\_

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**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.....

*Elbert R. Harrington*

Licensed Embalmer No.....

*3258*

P. O. Address.....

*St. Joseph*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.

2. An item already amended once by affidavit cannot be amended again by affidavit.

3. A surname is changed by court order or by adoption or legitimation procedures.

State of Missouri

County of Jackson

The Division of Health of Missouri  
BUREAU OF VITAL STATISTICS

State File No. 37629-41

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 4424

On this -20 day of June, 1958, before me appears Catherine M. Kelly, who, upon her oath, states that the original record of death for Daniel Kelly, born 11 - 29-1941, 19    , in the State of Kansas, died Jefferson City, Missouri on 11-29-41, 19    , should be corrected as follows:

Item No.      should read     

Instead of     

Item No. 18a should read Sidenfaden

Instead of     

Item No. 18b should read Union

Instead of     

Item No.      should read Senion

Instead of     

Item No.      should read     

Instead of     

Item No.      should read     

Instead of     

Item No.      should read     

Instead of     

Item No.      should read     

Instead of     

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Catherine M. Kelly  
210 No. 8th St.  
St. Joseph, Mo.  
(Signature)  
Reg. (Seal)

Subscribed and sworn to before me this 19 day of June, 1958

My Commission expires August 24, 1960

Bessie W. Smith

Notary Public.

