

FILED APR 25 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1491

48
8/10/92
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
1926 Lawn
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community..... 55 Years
years, months or days)

3. (a) PRINT FULL NAME MARY WINFORD MCKELVEY
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race Wh.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Robert E.
 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased March 27 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 16 hr. min.

9. Birthplace Brooklyn N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER { 12. Name Edward Toomey

13. Birthplace N. Y.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Harry McKelvey

(b) Address 1926 Lawn

17. (a) Burial (b) Date thereof 4/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.

(b) Address Kansas City, Mo.

19. (a) 4-15-42 (b) M. H. Crowe
(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. 1926 Lawn
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? * 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
 year 1942 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from
April 7, 1942 to April 13, 1942
 that I last saw her alive on April 13, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Cardiovascular disease

Due to Chronic Septicemia

Due to Hemiplegia Left Side

Other conditions Dehydration Heart
(Include pregnancy within 3 months of death)

Major findings: Of operations 131 B

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?
(Specify type of place)

(e) Means of injury _____

23. Signature M. H. Keeler (M. D. or other) MD

Address 1701 G. ... Date signed April 15

Duration
3 years
4 years
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Dr. Keight
17th & Lawrence

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.....

G. H. Blackman

Licensed Embalmer No.

3639

P. O. Address.....

J. C. ...

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.