. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10564

Registration District No. FILED APR 13 1942

Primary Registration District No. 5276

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gallatin Twp
(Rural) R.F.D#IO 37th& Cleveland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town North Kansas City (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 37th& Cleveland R.F.D. #IO
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ruth Kelsey

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 Widowed

6. (b) Name of husband or wife Fernander Kelsey

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

7. Birth date of deceased August I2 I872
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days I6 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name James Vernon
13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Denver Lanning
(b) Address R,F,D.#IO North Kansas City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29 I942 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Mo.

18. (a) Signature of funeral director Mrs, C.L.Forster
(b) Address 9I8 Brooklyn

19. (a) Mar 28-42 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year I942 hour I2 minute 45 A M.

21. I hereby certify that I attended the deceased from July 1, 1940, to March 28, 1942
that I last saw her alive on March 28, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	
Due to Dry gangrene	
Due to Diabetes Mellitus	
Hypertension	
Other conditions Artemis selectus heart disease (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 [signature] (M. D. or other)
Address No Kansas City Mo Date signed 3-28-42

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-14-42

Commenced by MO 3838

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

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, fact should be so stated above.