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M—9-4-41
ev. 5-17-39
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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. 13394

FILED MAY 15 1942

Registration District No. 349

Primary Registration District No. 1002

Registrar's No. 1767

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: General Hospital (While working on building) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 46 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 4135 Kenwood (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME John E. Kelly

3. (b) If veteran, name war World War

3. (c) Social Security No. 487-01-3055

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen M. Kelly

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 6, 1895 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
46	11	28	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Peterson Const. Co

FATHER
12. Name Timothy Kelly
13. Birthplace Iowa (City, town, or county) (State or foreign country) I

MOTHER
14. Maiden name Anna Fagan
15. Birthplace Kansas (City, town, or county) (State or foreign country) I

16. (a) Informant Mrs Helen Kelly

(b) Address 4135 Kenwood

17. (a) ~~burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 5-6-42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cem. Shawnee

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost Ave.

19. (a) 5-5-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 42 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19 to, 19 that I last saw [illegible] alive on, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Fibrous Myocarditis

Due to Coronary Atherosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 93

Major findings:
Of operations
Of autopsy

Duration

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 Russell W. Kerr (M. D. or other)

Address K. C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

Me

347

MAY 19 194

MAY 14 1942

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 Thomas E. Smith

Licensed Embalmer No. 3775

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.