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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23459

Registration District No. 399 Primary Registration District No. 1005 Registrar's No. 2767

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: Ellison Hotel -/300 West Armour
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 300 West Armour
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Hattie B. Kelly
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex fe. /
5. Color or race wh.
6. (a) Single, widowed, married, divorced Div. 3
6. (b) Name of husband or wife Thos. Kelly
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 8th. (Day) 1874 (Year)
8. AGE: Years 68 Months 0 Days 11 If less than one day hr. min.
9. Birthplace Clathe (City, town, or county) Kansas / (State or foreign country)
10. Usual occupation Home
11. Industry or business —
MOTHER FATHER
12. Name James Metcalf
13. Birthplace Ill. / (City, town, or county) (State or foreign country)
14. Maiden name Hannah Jewett
15. Birthplace Ill. / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Nelle Beeching (Sis.)
(b) Address 300 West Armour
17. (a) Removal ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof July 22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Olate Kansas
18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Blvd. K.C.Mo.
19. (a) 7-20-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1942 hour 1 8 minute 55 P.M.
21. I hereby certify that I attended the deceased from April 1, 1942, to July 19, 1942, that I last saw her alive on July 19, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac Decompensation	4 Days.
Due to Chronic Myocarditis	8 years
Due to Coronary Artery Disease	8 years
Other conditions (Include pregnancy within 3 months of death) 93D	

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 D
23. Signature O. R. Byers (M. D. or other) M.D.
Address U.S. Navy Recty. Sta. K.C. Mo. Date signed 7-19-42

361 (Licensed Embalmer's Statement on Reverse Side)

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 Chas Wilkes

Licensed Embalmer No. 2644

P. O. Address 1800 Linwo

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.