

FILED DEC 7 1942

State File No. 4435

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4435

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:
1428 Grand Avenue- Barber Shop
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)

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. 1402 Grand Avenue-Grand Ave. Hotel
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Mr. Fred R. Kelley

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th
year 1942 hour Midnight M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Lillian Hayes Kelley

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May 21 1901
(Month) (Day) (Year)

Immediate cause of death accidental death due to inhalation of cyanide gas.

Due to 178-14

Due to Deputy Coroner

8. AGE: Years Months Days If less than one day

41 6 8 hr. min.

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

10. Usual occupation Barber

11. Industry or business Own Shop - 1428 Grand Avenue

MOTHER FATHER

12. Name Sherman Kelley

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

14. Maiden name Hannah J. Kope

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations See above

Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lillian Hayes Kelley

(b) Address 1402 Grand Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1942
(Month) (Day) (Year)

(c) Place: burial of Mt. Moriah Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 123

(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 (Specify type of place) Means of injury 10

23. Signature R. E. Washer M. D. (M. D. or other)
Address 23rd McCay Date signed 11/29/42

18. (a) Signature of funeral director R. E. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-30-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

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

#P

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.....

H. C. Newcomer Jr

Licensed Embalmer No.....

4043

P. O. Address.....

H. C. Newcomer Jr

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.