

No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4652
Registrar's No. 4652

Registration District No. 1002

Primary Registration District No. 1002

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:
1009 - CHERRY STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 YEARS
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. 1009 - CHERRY STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. DEAN N KELLY

3. (b) If veteran, name war NO 3. (c) Social Security No. NO ONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. HELEN A. KELLY 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased FEBRUARY - 21 - 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 29 If less than one day hr. min.

9. Birthplace OAK GROVE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CLOTHIER (Self)

11. Industry or business 1009 - CHERRY STREET

12. Name ROBERT KELLY

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

14. Maiden name MARIAH EDMONSON

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

16. (a) Informant Dr. Robert Kelly

(b) Address 1009 Cherry St.

17. (a) BURIAL (b) Date thereof DEC. 15 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director W. H. Newcomer, Son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-14-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11 1942
year 1942 hour 10:30 minute 0 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.

Immediate cause of death Coronary occlusion (arteriosclerosis) Chronic fibrous myocarditis
Duration _____

Due to 94a

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See above

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?

While at work? at school (Specify type of place) (e) Means of injury _____

23. Signature M. M. Crowe (M. D. or other) _____

Address N. C. MO. Date signed 12/12/42

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

MOTHER FATHER

48
3
8

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

A. C. Newcomer Jr

Licensed Embalmer No.

4043

P. O. Address

R. P. M.

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.