S. No. 2
1—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1942

Registration District No. 749

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39792

Primary Registration District No. 1002

Registrar's No. 4792

48
3
8

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: St Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 9 Days (Specify whether years, months or days)

In this community: 55 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 3300 Paseo
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs Katherine KELLY

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Patrick J. Kelly

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: November (Month) 25 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	27	hr. min.

9. Birthplace: Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: George Daurghty
13. Birthplace: Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name: Mary Flynn
15. Birthplace: Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant: Mr Peter J. Kelly
(b) Address: 3300 Paseo City.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Mellody-McGilley
(b) Address: Kansas City Missouri.

19. (a) 12-23-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1942 hour 1 minute 44 P. M.

21. I hereby certify that I attended the deceased from Sept 1, 1942, to Dec 23, 1942 that I last saw her alive on Dec 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage from esophageal varicosities

Due to: Cirrhosis of liver

Due to: 124 B'

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

Major findings:
Of operations: none
Of autopsy: none

Duration
10 days
4 Months

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: 0

23. Signature: John T. Shumer (M. D. or other) MD

Address: 1462 Brunt Bldg. Date signed 12-23-42

K.C.MO

(Licensed Embalmer's Statement on Reverse Side)

[illegible] McGilley

MAR 17 1943

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.....

Licensed Embalmer No. 2999

P. O. Address..... KC

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.