

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 53

JAN 21 1943

Registration District No. 149 Primary Registration District No. 1002

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

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:  
503 Myrtle /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community 30 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. 503 Myrtle,  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country x 0

3. (a) PRINT FULL NAME William Harold Kelley,

3. (b) If veteran, name war no. 3. (c) Social Security No. 486-10-1796

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th  
year 1943 hour 10:40 minute A M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ethel Kelley, 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased February 22 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 5 1943 to Jan 5 1943 that I last saw him alive on Jan 5 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
53 10 13 14 hr. min.

Immediate cause of death Acute Coronary Thrombosis 12 hr.  
Coronary Sclerosis MONTHS

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

Due to 940

10. Usual occupation at home,

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business x

PHYSICIAN

12. Name Edgar Kelley,

Major findings: Of operations

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

Of autopsy

14. Maiden name J. E. Sturn, (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ethel Kelley,

(b) Address 503 Myrtle, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-6-43 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

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? (Specify type of place) (e) Means of Injury

23. Signature Jessie Chasing (M. D. or other) MD

Address 1103 GRAND AVE. Date signed 1-5-43

Dr. J. Rising

*J. M. Plank*

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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 *E. M. Plank*

Licensed Embalmer No. *1848*

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.**