

V. S. No. 2
DM-9-4-41
5-17-39
X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9151**
1165
Registrar's No.

REG. MAR 20 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, Mo.**
(c) Name of hospital or institution:
1005 East 25th. St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 Years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1005 East 25th. St.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Courtney Kelso.**
(b) If veteran, name war **No**
(c) Social Security No. **510-03-8524**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **7th**
year **1943** hour **1** minute **A** M.

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Wife**
Prudence Kelso
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **Aug. 18 1881**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 2 1943** to **Mar 6 1943**
that I last saw him alive on **Mar 6 1943**
and that death occurred on the date and hour stated above.
Immediate cause of death **Cardiac Decompenation** Duration **?**

8. AGE: Years **61** Months **6** Days **25/9**
If less than one day hr. min.

Due to **Portal Obstruction** **?**
Due to **Grossly enlarged liver** **5 yrs.**

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

Other conditions (Include pregnancy within 3 months of death) **46 1/2**

10. Usual occupation **Feed Saleman**

Major findings: Of operations **46 1/2**

11. Industry or business **James Kelso**

Of autopsy **Grossly enlarged liver yellow atrophy, malignant**

12. Name **James Kelso**

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?

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

14. Maiden name **Francis**

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

16. (a) Informant **Mrs Prudence Kelso (Wife)**
(b) Address **1005 East 25th. St.**

17. (a) **Removal** (b) Date thereof **3-9-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Rich Hill Mo.**

18. (a) Signature of funeral director **Eyalr Funeral Home.**
(b) Address **1800 Linwood Blvd.**
19. (a) **3-8-43** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (e) Means of injury
23. Signature **D. P. ...** (M.D. or other) **Do.**
Address **116 W. 47th St.** Date signed **3-7-43**

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 Wilks*

Licensed Embalmer No. *2644*

P. O. Address *1800 Linwood*

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.