

FILED MAY 3 1943
Registration District No.

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 MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST LUKES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 1 day.

2. USUAL RESIDENCE OF DECEASED: 999 14

(a) State KANSAS (b) County FRANKLIN

(c) City or town OTTAWA
(If outside city or town limits, write "RURAL")

(d) Street No. 222 W. 2nd. Street
(If rural, give location)

(e) Citizen of foreign country? citizen (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Virginia Lane Kelley

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 Infant

6. (b) Name of husband or wife XXXXXXXXXXXXXXXXXXXX

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

7. Birth date of deceased March 2 1943
(Month) (Day) (Year)

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

0 10 29 0 hr. min.

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

10. Usual occupation infant

11. Industry or business infant

MOTHER FATHER

12. Name R. H. Kelley

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

14. Maiden name Agnes V. Lane

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

16. (a) Informant Roland H. Kelley

(b) Address 222 W. 2nd. St., Ottawa, Kansas.

17. (a) Burial @ Highland (b) Date thereof 4-4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Ottawa, Kansas

18. (a) Signature of funeral director H. R. McVey

(b) Address F. R. Mc Vey, Ottawa, Kansas.

19. (a) 4-6-43 (b) M. N. Blaine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Apr 2nd 1943 to Apr 2 1943 that I last saw h. _____ alive on Apr 2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital malformation of heart, pulmonary artery and aorta

Due to _____

Due to 157

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

Duration

PHYSICIAN

Major findings: _____
Of operations ✓

Of autopsy as above

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? ✓ (Specify type of place)

(e) Means of injury _____

23. Signature Maurice L. Jones (M. D. or other) _____
Address 709 1/2 E. 10th Bldg. Date signed 4-3-43

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.....

Harlyn Roy, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Harlyn Roy
Licensed Embalmer No. *2810*

P. O. Address..... *158. 2nd*

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.