

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2621 Montgall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **45** 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. **2621 Montgall**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Claude Grenville Kellum**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **500-03-8496**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13th** year **1943** hour **12** minute **15 PM**

4. Sex **Male** 5. Color or race **W**

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

6. (b) Name of husband or wife **Marian L. Hopkins Kellum**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **October 2, 1880**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 13** 19**43** to **April 13** 19**43** that I last saw h. **alive on April 13** 19**43** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
62	0	6	11	hr. min.

Immediate cause of death **cerebral hemorrhage** **4 hours**

Due to **acute myocardial failure** **1 hour**

Due to **History of 20 hypertension** **2 week**

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

Other conditions (Include pregnancy within 3 months of death) **830**

10. Usual occupation **Bomber Plant K.C. Mo.**

PHYSICIAN _____

11. Industry or business **Bomber Plant K.C. Mo.**

12. Name **James Kellum**

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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

14. Maiden name **Nora Hardy**

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

16. Informant **Mrs. Marian Kellum**

17. Address **2621 Montgall K.C. Mo.**

17. (a) **Burial** (b) Date thereof **Apr. 15-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Sheil Funeral Home**

(b) Address **6606 Independence Ave. K.C. Mo.**

19. (a) **4-16-43** (b) **M. M. Brown**
(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)

23. Signature **John T. Shuman** (M. D. or other) **MD**

Address **140 28th St. Bldg.** Date signed **4-18-43**

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

9 MONTHS
Can be after
the date of death

FILED MAY 5 1943 149

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.....

P.O. Address.....

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.

Death
13249-4

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson } SS.

State File No. 13249-4
Local Registrar's No. 1794

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of August, 1946, before me appears Mary L. Day, who, upon her oath, states that the original record of ^{birth} death for Claud S. Kellum, died April 13, 1943, in the State of Missouri, and which was filed at Kansas City on 4-16, 1943, should be corrected as follows:

Item No. 3 should read Claud Grenville Kellum
Instead of Cloude

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Mary L. Day daughter
Relationship.

3930 Habash St.
Present Address.

Subscribed and sworn to before me this 15th day of August, 1946.

My Commission expires Oct. 20. 1947 Carrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

