. S. No. 2
M—9-4-41
5-17-3
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1943

Registration District No. 449

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13250

Registrar's No. 1741

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)
Name of hospital or institution: General Hospital No. 2
(If not in hospital or institution, write street number or location)
Length of stay: In hospital or institution 3-21-43-4-5-43 (Specify whether
community 27 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 501 E. 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RAYMOND KELLY
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race Negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ~~Eugene Kelly~~
6. (c) Age of husband or wife if alive unk years
Birth date of deceased November (Month) 30 (Day) 1885 (Year)

AGE:	Years	Months	Days	If less than one day
	57	4	5 ~~6~~	hr. min.

Birthplace Boone County (City, town, or county) Missouri (State or foreign country)
Usual occupation unemployed
Industry or business
FATHER: 12. Name Henry Kelly
13. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)
MOTHER: 14. Maiden name Elizabeth Martin
15. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Graham Bros
(b) Address 2208 Vine St.
19. (a) 4-12-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1943 hour 7:30 minute p. M.
21. I hereby certify that I attended the deceased from March 21, 1943 to April 5, 1943
that I last saw him alive on April 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive type heart disease with decompensation

Due to 9315

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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
23. Signature [signature] (M. D. ~~or other~~)
Address Gen. Hosp #2-600 E 22 Date signed 4-7-43

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(Licensed Embalmer's Statement on Reverse Side)

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 B. L. Graham

Licensed Embalmer No. 2540

P. O. Address 2523 Woodlawn

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson } ss

State File No.
Local Registrar's No. 1741

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 23 day of April 1943, before me appears Elizabeth Riley, who, upon her oath, states that the original record of ~~birth~~ death for Raymond Kelly died ~~born~~ 4-5, 1943 in the State of Missouri, and which was filed at KC on 4-12, 1943, should be corrected as follows:

Item No. 6-a should read single
Instead of married

Item No. 6-b should read none
Instead of Eugene Kelly

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 Elizabeth Riley niece
Relationship.

2538 Euclid Avenue
Present Address.

Subscribed and sworn to before me this 23 day of April, 1943

My Commission expires 9/27/43 Margaret McCrone Notary Public.

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

Form V. S. 135
25M-3-42
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