

LED JUN 30 1943

Registration District No. 149 Primary Registration District No. 1002

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: 3210 Warwick /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
In this community 65 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. 3210 Warwick
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. MARY KELLEY

3. (b) If veteran, name war XX

3. (c) Social Security No. NO

4. Sex Fe 5. Color or race Wh

6. (a) Single, widowed, married, 2 divorced. Widowed

6. (b) Name of husband or wife J. J. Kelley

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

7. Birth date of deceased October 16 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace Vienna Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name William Biwank

13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Kelley

(b) Address 3210 Warwick

17. (a) Burial (b) Date thereof 6-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 6-15-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th
year 1943 hour 11: minute 15 P.M.

21. I hereby certify that I attended the deceased from June 6 1943 to June 14 1943
that I last saw her alive on June 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to _____

Due to _____

Other conditions no
(Include pregnancy within 5 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Harold A. Pallett (M. D. or other) no

Address 1132 Prof. Pallett, K.C. Date signed 6/17/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1132 Prof. 19
11 - ~~1488~~ 1486

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 A. R. Harnischfeld
Licensed Embalmer No. 4159
P. O. Address Kansas City 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.