

FILED DEC 3 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  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 1/2 hour  
(Specify whether years, months or days)

In this community 31 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. 1305 West 21st Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. MARY ELLEN KELLERMAN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Louis

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased November 13, 1912  
(Month) (Day) (Year)

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

31 0 1 hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Michael Barrett

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

14. Maiden name Bridget Fitzgerald

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

16. (a) Informant Jos. A. Kellerman

(b) Address 1305 West 21st Street

17. (a) Burial (b) Date thereof 11/17/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Duik's & Bohin Co.

(b) Address 20 West Linwood Blvd., K.C., Mo.

19. (a) 11-15-43 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day Nov  
year 1943 hour 1 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 9-12-43 to 11-14-43  
that I last saw him alive on 11-14-43  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Placenta Magna

Due to \_\_\_\_\_

Other conditions 146e  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature A. Penley (M.D. or other) \_\_\_\_\_  
Address 837 Argyle Bldg Date signed 11/15/43

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**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.....

*Harley Roe*

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.**