

FILED DEC 3 1943

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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:
Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10/22 to 11/9
(Specify whether
In this community 35 Years
years, months or days)

3. (a) PRINT FULL NAME ENOCH KELLEY

3. (b) If veteran, name war None 3. (c) Social Security No. 487-03-0119

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Bertha Kelley 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 1, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>6</u>	<u>8</u>	hr. min.

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

10. Usual occupation Work Train Motorman

11. Industry or business Kansas City Public Service

MOTHER FATHER

12. Name George Kelley

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

14. Maiden name Fannie

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

16. (a) Informant Mrs. Bertha Kelley

(b) Address 2519 Vine Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/43
(Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn Cem.

18. (a) Signature of funeral director Malvin B...

(b) Address 1729 Lydia Avenue

19. (a) 11-16-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2519 Vine Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 9, Tuesday
year 1943 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from Oct 21, 1943 to Nov 9, 1943
that I last saw him alive on Nov 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Suppression urine
Due to Cancer 5/1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Cancer Prostate
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?

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

23. Signature G. W. Brown (M. D. or other) 9
Address 1705 E 12 Date signed 11-19-43

*Reinwald
J. W. Brown*

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 *Jerome Maxlowe*.....

Licensed Embalmer No *3994*.....

P. O. Address *2503 Highland*.....

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.