

FILED DEC 22 1943

State File No. \_\_\_\_\_  
Registrar's No. 5057

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

(c) Name of hospital or institution:  
5007 East 24th Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community unknown  
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. 5007 East 24th Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Lillian F. KELLEY.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th  
year 1943 hour 11 minute A.M.

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if unknown

7. Birth date of deceased unknown  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-27-43 to 11-29-43

that I last saw her alive on 11-29 and that death occurred on the date and hour stated above.

8. AGE: Years app. 82 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_

Immediate cause of death Coronary Occlusion

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

Due to 94a

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

10. Usual occupation House Keeper - ST. Michael

Other conditions 94a  
(Include pregnancy within 3 months of death)

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

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

11. Industry or business Church.

MOTHER FATHER {

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 0

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Father Doyle

(b) Address 5007 East 24th Street.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 12/2/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Melody-McCilley

(b) Address K. C. Mo.

19. (a) 12-1-43 (b) P. C. 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) (e) Means of injury \_\_\_\_\_

23. Signature H. J. Owens (M. D. or other) MD

Address 1834 Prairie Bldg Date signed 12-1-43

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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.....

  
Licensed Embalmer No. 2997

P. O. Address..... KC

**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.**