2518

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 72 — Primary Registration District No. 5289 — Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Clay Gallatin Twp

(b) City or town (Mapel Park) add
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 5 - North Kansas City Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Mapel Park add
(If outside city or town limits, write "RURAL")

(d) Street No. Route 5 - North Kansas City Mo
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha B Kelly

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry A Kelly

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

7. Birth date of deceased Dec - 25 - 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	0	6	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Canada 2 (State or foreign country)

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Peter H Lewis
13. Birthplace ..... (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name Sarah A Cornell
15. Birthplace ..... (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Mrs. Wm H. Hamm
(b) Address Mapel Park add. North K.C. Mo Route 5 -

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan - 3 - 43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah Cem

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address 918 Brooklyn K.C. Mo.

19. Jan 3 - 1944 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day Dec
year 1943 hour one minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 15, 1943, to Dec 31, 1943;
that I last saw her alive on Dec 31, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (Bt Side)

Due to Senility
Arteriosclerosis

Due to Flu

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 0

23. Signature Russell L Hodge (M. D. or other)
Address North Kansas City Mo Date signed 12/31/43.

926

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No: 8,
District File Number
Date Filed 1-26-44

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 Theron R. Redmon

Licensed Embalmer No. 2737

P. O. Address H. P. 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.