

FILED APR 15 1944

State File No. _____

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 1583

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: 1180 East 76th Terrace
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 31 years
(Specify whether years, months or days)
 In this community 31 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME SERIL WEBSTER KELLEY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Anna F. Kelley 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased March 29th, 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 11 If less than one day 10 hr. _____ min.

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

10. Usual occupation Retired
 11. Industry or business Traveling salesman

MOTHER FATHER
 12. Name Harley P. Kelley
 13. Birthplace Providence, R. I.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Smith
 15. Birthplace Boston, Mass.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna F. Kelley
 (b) Address 1180 East 76th Terrace

17. (a) Burial (b) Date thereof 4-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address 104 west 42nd Street

19. (a) 4-10-44 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

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. 1180 East 76th Terrace
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
 year 1944 hour 7:30 minute 0. M.

21. I hereby certify that I attended the deceased from Jan - 1 - 1944 to Apr - 9 - 1944
 that I last saw him alive on Apr 5
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 3 mo.
 Due to Mitral regurgitation about 3 yrs

Other conditions Edema
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 925
 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)
 (c) Means of injury 0
 23: Signature Harold B Clark M.D. (M. D. or other) _____
 Address 730 Rearto Bldg Date signed 4-10-44

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

*Dr. H. B. Clark
Piscataway
Jan 04 1883*

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 *Walter H. Erwin*.....

Licensed Embalmer No. *4352*.....

P. O. Address *N. C. Mead*.....

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.