

0-2
9-43
7-39
X37823

FILED MAY 25 1944

Registration District No. 199

Primary Registration District No. 1002

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-8-44-5-16-44
(Specify whether
In this community 2 years
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. 2532 Montgall
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THERESA KELLY

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Kelly 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased December 25 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 4 21 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Sam Humphrey
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Belle P
15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof May 20 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director Edwards Bros

(b) Address 2000 E. 12th R.C.M.

19. (a) May 18 1944 (b) J. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1944 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from May 8
1944, to May 16, 1944;
that I last saw h. or alive on May 16, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute congestive fail- ure Duration _____

Due to Chronic Myocarditis with Cyasis

Due to _____

Other conditions _____
(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 J. Brown (M. D. or other) _____
Address Gen. Hosp. #2 600 E. 22nd Date signed 5-16-44

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

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..... *A.T. Moore*.....

Licensed Embalmer No. *948*.....

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.