

FILED JUN 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17065

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 2227

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:  
5942 PARK AVENUE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 21 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. 5942 PARK AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MR. WILLIAM KELLY

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 MRS BRIDGET KELLY  
6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased MAY 21 1871  
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 1  
If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business CONTRACTOR

12. Name UNKNOWN KELLY

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

14. Maiden name Unknown

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

16. (a) Informant Miss Bridget Kelly

(b) Address 5942 Park Avenue

17. (a) BURIAL (b) Date thereof May 24 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 5-23-44 (b) D. E. Brown  
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22 NO  
year 1944 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from 1 yr  
19 to 19

that I last saw him alive on few weeks ago  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Enlarging  
Prostate Gland with  
Duration

Due to

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) Means of injury

23. Signature Dr. J. Paul Brown (M. D. or other)

Address 1401 Brush Creek Blvd Date signed 5/23/44

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

MOTHER FATHER

**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 *Emile M. Gilhous*

Licensed Embalmer No. *3506*

P. O. Address: *KC 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.