

U.S. No. 2
FORM 5-43
REV. 5-17-39
X36671

FILED SEP 22 1944
Registration District No. 77

Primary Registration District No. 5149

State File No. _____
Registrar's No. 42

1300

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural Gomer Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
U.S. Highway No 36 - 3 mi E. Hamilton
(If not in hospital or institution, write street name or location)

(d) Length of stay: In hospital or institution 7
(Specify whether _____)

In this community Driving through
years, months or days

3. (a) PRINT FULL NAME Edward C Kelsey

3. (b) If veteran, name war _____

3. (c) Social Security No. 711-09-1604

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife Audrey

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Aug 25 1914
(Month) (Day) (Year)

8. AGE: Years 30 Months _____ Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Police Officer

11. Industry or business Kansas City Mo

12. Name Elmer Kelsey

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

14. Maiden name Barcia Hicks

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

16. (a) Informant Audrey Kelsey

(b) Address 911 Holmes

17. (a) Removal (b) Date thereof Sept 10 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah, Kansas City

18. (a) Signature of funeral director Braun + Sons

(b) Address Hamilton Mo

19. (a) 9-10-1944 (b) E A Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4148 Harrison
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1944 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on dead Sept 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck
Instant death
Many contusions and
Due to compound fracture of
right leg. Level 2/3 of tibia

Due to _____

Other conditions (Include pregnancy within 3 months of death)
E. A. Thompson, Coroner

Major findings: Of operations _____

Of autopsy Viewed 1 2 2

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 013

(b) Date of occurrence Sept 10 - 1944

(c) Where did injury occur? U.S. Highway No 36
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Car wreck on U.S. Highway No 36
(Specify type of place) (e) Means of injury Wreck

While at work? _____

23. Signature E A Thompson, Coroner M. B. or other
Address Breckenridge Mo Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1151

Sept 10 - 1944

SEP 27 1944

SEP 10 1945

SEP 22 1944

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

R. J. A. Bruce

Licensed Embalmer No. *3052*

P. O. Address *Hamilton, 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.