

S. No. 2  
DM-2-43  
v. 5-17-39  
P-1 X35627

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 11 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40201

State File No. \_\_\_\_\_  
Registrar's No. **5289**

Registration District No. **149** 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: **K. C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **15 days**  
(Specify whether  
In this community **10 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. **4232 E. 61 St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Clyde Kelley**  
(b) If veteran, name war **no**  
(c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **21**  
year **1944** hour **1** minute **45 P.M.**  
21. I hereby certify that I attended the deceased from **Dec. 6** 19**44** to **Dec. 21** 19**44**  
that I last saw him alive on **Dec. 21** 19**44**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **Widower**  
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **unknown**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral vascular hemorrhage**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **83a**

8. AGE: Years **61** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **11**

Major findings: Of operations \_\_\_\_\_  
Of autopsy **None**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **unknown**  
13. Birthplace **11**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **11**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Russell Clark KC Gen Hosp**  
(b) Address **Kansas City Mo**  
17. (a) **Burial** (b) Date thereof **12/29/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Albans Cem**  
18. (a) Signature of funeral director **James McHugh**  
(b) Address **2315 Linn**  
19. (a) **12-27-44** (b) **D. E. Brown**  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
23. Signature **A. E. Upsher** (M. D. or other) **MO**  
Address **Med. Dir. Gen'l Hosp.** Date signed **12-21-44**

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

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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..... *Ray E. Snow*.....

Licensed Embalmer No. *2560*.....

P. O. Address..... *K. E. M.*.....

**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.**