

FILED JAN 17 1945
Registration District No. 1802

Primary Registration District No. 1802

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community all his life
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. Ellison Hotel, 300 W. Amour
(If rural, give location)
(e) Citizen of foreign country? No.
If yes, name country X

3. (a) PRINT FULL NAME Rush Kelley

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May 13 1876
(Month) (Day) (Year)

8. AGE: Years 68
Months 8
Days 15
If less than one day hr. min.

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

10. Usual occupation Retail Autos

11. Industry or business X

12. Name Newton J. Kelley
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Kaiser
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Olive Frazier Kelley
(b) Address Ellison Hotel, Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 1-3-45 (b) P. E. Brown
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st
year 1945 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from 15 1944 to Jan 1 1945
that I last saw him alive on Oct 31 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Due to Coronary occlusion.

Other conditions: Malignant Hypertension - 1937
Tension of myocardial damage

Major findings: Of operations Damage
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) X
(b) Date of occurrence X
(c) Where did injury occur? X
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

23. Signature J. B. Willetts (M. D. or other)
Address 612 Professional Bldg Date signed 1/9/45

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

MOTHER FATHER

Duration 12 1/2 hrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Lyle G. Willits

Dr. Lyle G. Willits

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 Robert H Reed
Licensed Embalmer No. 3745
P. O. Address Kansas City 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.