

S. No. 2  
DOM-2-43  
v. 5-17-39  
X3567

1230

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 26 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 195

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: 2324 Norledge  
Cow Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days  
In this community 10 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Hardin, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida Elizabeth Kelso

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Grove Kelso 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased 3 10 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name George Kellenanger  
13. Birthplace Germany Hillman 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Bertha Hillman  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Spring  
(b) Address Bonner Springs, Kansas.

17. (a) Removal (b) Date thereof 1-13-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City

19. (a) 1-13-45 (b) T. E. Brown (M3)  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th.  
year 1945 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 6  
1945 to Jan 13 1945  
that I last saw her alive on Jan 12 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death Lobar Pneumonia Duration 2 1/2 hrs

Due to Zenopylin

Due to Sensitivy

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Z. E. Brown (M. D. or other) DO  
Address 116 West 47th Date signed 1-13-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8835

Dr. Helen Henry  
1815 East 75th. Street

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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..... *Ch. Wise* .....

Licensed Embalmer No..... *25-20* .....

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.**