V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1602

State File No. 5213

Registrar's No. 600

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:
General Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 118

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2316 Chelsea 6
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. BLANCHE A KELLY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John R Kelly

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 20 1885
(Month) (Day) (Year)

8. AGE: Years m 59 | Months 8 | Days 15 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Noah Williams
13. Birthplace Grant City Mo (City, town, or county) (State or foreign country) O

MOTHER
14. Maiden name Mary E Hunt
15. Birthplace Grant City, Mo. (City, town, or county) (State or foreign country) O

16. (a) Informant John R Kelly
(b) Address 2316 Chelsea Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Murk and Tobin Co
(b) Address 20 West Linwood

19. (a) 2-6-45 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day Feb
year 1945 hour 3;00 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia

Due to Fractured Left hip. 5

Due to

Other conditions 1866 18
(Include pregnancy within 3 months of death)

Major findings:
Of operations History & Inspection
Of autopsy no

Duration

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) accident 123
(b) Date of occurrence Nov. 29 - '44.
(c) Where did injury occur? 2316 Chelsea K.C. (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home
(Specify type of place)
While at work? no (e) Means of injury Fall

23. Signature James Walker 2 (M. D. ~~or other~~ Coroner)
Address 1424 Prospect Bldg Date signed 2-6-45

(Licensed Embalmer's Statement on Reverse Side)

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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 Charles M Funk

Licensed Embalmer No. 3774

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.