

FILED MAR 19 1945

Registration District No. _____

Primary Registration District No. 1002

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

48
33
2

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3222 Peery Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 56 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3222 Peery Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mrs Ella Jane KELLY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louis D. Kelly 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased January 21 1859
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Andrew Baker
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Waltz
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Viola Kelly
(b) Address 3222 Peery Ave
17. (a) Burial (b) Date thereof 3--1--45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cemetery
18. (a) Signature of funeral director Melody McGilley
(b) Address Kansas City Missouri

19. (a) 2-28-45 (b) T.E. Brown (13)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th
year 1945 hour 2:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from 2/28, 1944 to 2/29, 1945
that I last saw her alive on 2/26, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Bronchial
Due to acute interstitial
nephritis

Other conditions (Include pregnancy within 3 months of death)

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 D.C. Russell (M. D. or other) _____
Address 3231-41 8th St Date signed 2/27/45

Duration 3 days

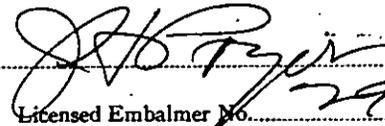
PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....


.....
Licensed Embalmer No.

P. O. Address.....

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.