S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9846

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 71

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 hours (Specify whether

In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 214 North Spring (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Loy Mulford Kelsey

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 19, 1883 (Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 21 If less than one day hr. min.

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

10. Usual occupation Confectionary Pens.

11. Industry or business Ann Sch.

FATHER
12. Name Frank A. Kelsey
13. Birthplace Ft Wayne Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Olive Kuhn
15. Birthplace Waynesville Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Paul F. Kelsey

(b) Address 715 South Fuller

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah

18. (a) Signature of funeral director George E. Carson

(b) Address Independence Mo

19. (a) 3-10-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1945 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from 3/9, 1944, to 3/10, 1945; that I last saw him alive on 3/10, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	18 hrs
Due to Hypertensive cardiovascular disease +	years
Due to Generalized arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Vance E. Link (M. D. or other) M.D.

Address 129 W. Lexington, Independence, Mo Date signed 3/10/45

1163

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1945

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 George C. Carson

Licensed Embalmer No. 2249

P. O. Address Independence, 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.