

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **149**

Primary Registration District No. **1002**

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

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:
5602 EAST 16TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **39 YEARS** years, months or days)

3. (a) PRINT FULL NAME **MR. DAVID EDWIN KELSO**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **MALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **MRS. CARRIE KELSO**

6. (c) Age of husband or wife if alive **87** years

7. Birth date of deceased **MARCH - 24 - 1860**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	1	12 1/2	hr. _____ min.

9. Birthplace **KNOXVILLE ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

MOTHER FATHER

11. Industry or business

12. Name **UNKNOWN. KELSO**

13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eugene E. Kelso**

(b) Address **5602 E 16th Street**

17. (a) BURIAL (b) Date thereof **MAY 8, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MEMORIAL PARK CEM.**

18. (a) Signature of funeral director **D. W. Newcomer, Inc.**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) 5-8-45 (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **5602 EAST 16TH STREET**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **5TH**
year **1945** hour **2** minute **30 P. M.**

21. I hereby certify that I attended the deceased from
4-23-1945 to **5-5-1945**
that I last saw him alive on **5-4-1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocardial failure**

Due to **Essential Hypertension**

Due to _____

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

Major findings: **93%**

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)

Means of injury _____

23. Signature **Paul J. Sprague** (M. D. or other) **Do**

Address **6226 E. 15th** Date signed **5-5-45**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

6226 Golf, 15th Street

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 *Edward Hootney*
Licensed Embalmer No. 1767
P. O. Address Kansas City

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.