

FILED SEP 14 1945
Registration District No. **117**

Primary Registration District No. **1002**

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:
ST. LUKES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 DAYS**
In this community **25 YEARS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **KANSAS** (b) County **JOHNSON**
(c) City or town **MERRIAM**
(If outside city or town limits, write "RURAL")
(d) Street No. **7302 HOCKER**
(If rural, give location)
(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MRS AUGUSTA E. KELLEY**
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 **HOWARD J. KELLEY**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **OCTOBER 11 1892**
(Month) (Day) (Year)

8. AGE: Years **52** Months **10** Days **0**
If less than one day .hr. .min.

9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **AT HOME**

MOTHER FATHER

12. Name **AUGUST GOTTSCHALL**

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

14. Maiden name **EMMA B. EITZEN**

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

16. (a) Informant **Howard J. Kelley**

(b) Address **7302 H. H. Miller, Merriam, Mo**

17. (a) **Burial** (b) Date thereof **AUG 14 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Merrill Park Cem.**

18. (a) Signature of funeral director **D. H. Newcomer**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **8-13-45** (b) **Alredine Holman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **August**
year **1945** hour **10** minute **AM**
21. I hereby certify that I attended the deceased from **May 10 - 45**
to **Aug 11 1945**
that I last saw **her** alive on **Aug 10 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic Carcinoma**
Due to **Carcinoma of Thyroid**

Due to **5**
Other conditions **5**
(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) (c) Means of injury **D**
23. Signature **H. P. Roush** (M.D. or other) **MD**
Address **K. P. 2 mo.** Date signed **8/14/45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
3
8

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.....

H. C. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address K. C. 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.