

BUREAU OF THE CENSUS
FILED MAY 6 1946

STANDARD CERTIFICATE OF DEATH

State File No. 13204
Registrar's No. 1916

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.L.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2032 St John 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 yrs (Specify whether
in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 46
(c) City or town K.L. (If outside city or town limits, write "RURAL") 3
(d) Street No. 811 W 17th (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country.

3. (a) PRINT FULL NAME THOMAS LEE KELLEY

3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M!

6. (b) Name of husband or wife Betty 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Dec 10 1919
(Month) (Day) (Year)

8. AGE: Years 26 Months 4 Days 10 If less than one day hr. min.

9. Birthplace K.L. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Photography

11. Industry or business Photography

12. Name Thomas M Kelley

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lee

15. Birthplace K.L. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Kelley
(b) Address 3621 Sharps

17. (a) Burial (b) Date thereof 4/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon
(d) Signature of funeral director Sebbeto's
(e) Address city

19. (a) 4-25-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from _____, 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 Deputy Coroner Duration
Gunshot wound of
head.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 106

Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Homicide

(b) Date of occurrence 4/20/46

(c) Where did injury occur? Home (City or town) (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place in public place

While at work? No (Specify type of place) Means of injury Gunshot
Signature A. E. Upsher (M. D. or other) M. R.
Address 2800 Main Date 4/26/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

12110 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 30 1945

MAR 13 1957

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.....

Ray E Snow

Licensed Embalmer No. *2520*

P. O. Address.....

K E M

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.