

S. No. 2
M-5-43
7. 5-17-39
I X36871

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUL 2 1946 STANDARD CERTIFICATE OF DEATH

State File No. **20346**
Registrar's No. **2695**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1614 Agnes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Over Two Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 1614 Agnes **8**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME Mary Kelly
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June, day 16, year 1946, hour 6, minute 35 P.M.

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Wm Kelly (Deceased)
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 30 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 8 1946 to June 16 1946.
(That I last saw him alive on June 15 1946 and that death occurred on the date and hour stated above.)

8. AGE: Years 75 Months 1 Days 16
If less than one day _____ hr. _____ min.

Immediate cause of death Broncho Pneumonia
Duration Wk

9. Birthplace Maryville Missouri
(City, town, or county) (State or foreign country)

Due to Ch Nephritis
Due to _____

10. Usual occupation Unemployed

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____

MOTHER FATHER {
11. Industry or business _____
12. Name Don't Know
13. Birthplace Don't Know **9**
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know **9**
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Georgia Shiffy
(b) Address 1614 Agnes Ave
17. (a) Burial (b) Date thereof 6-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.
18. (a) Signature of funeral director Wm. Appleton Jones
(b) Address 905 Vine St
19. (a) 6-18-46 (b) Stoddard Holmes
(Date received local registrar) (Registrar's signature)

23. Signature R. J. Barrett (M. D. _____)
Address 2200 E-15 Date signed 6/18/46

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

19219

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.....
C. H. West.

Licensed Embalmer No. *2710*

P. O. Address.....
Kansas City 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.