

S. No. 2
DM-5-43
v. 5-17-39
X36671

FILED JUL 10 1946
Registration District No. **49**

Primary Registration District No. **1002**

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

19221

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. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **since 6-25-46**
(Specify whether years, months or days)

In this community **as above**

3. (a) PRINT FULL NAME **William A. Kelsay**

3. (b) If veteran, name war **World War I**

3. (c) Social Security No. **unk.**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Leona Kelsay**

6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **October 3 1895**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	8	24	hr. min.

9. Birthplace **Mo. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business **T. W. A.**

MOTHER FATHER

12. Name **William Kelsay**

13. Birthplace **Mo. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Jane Colvin**

15. Birthplace **Mo. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leona Kelsay**

(b) Address **Booneville, Mo.**

17. (a) **removal**
(Burial, cremation, or removal)

(b) Date thereof **6-28-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Boonville, Missouri**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **6-29-46**
(Date received local registrar)

(b) **Geraldine Holmes**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cooper 27**

(c) City or town **Booneville 1**
(If outside city or town limits, write "RURAL")

(d) Street No. **2**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) **1**

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE 27** day **27**
year **46** hour **11** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **JUNE 25**, 19**46** to **JUNE 27**, 19**46**
that I last saw h. **alive on** **JUNE 27**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **INTERNAL OBSTRUCTION (STRANGULATION) (HERNIA) 5 DAYS**

Due to **internal strangulated hernia**

Due to

Other conditions **122a**
(Include pregnancy within 3 months of death)

Major findings: **SPLENOMEGALY, LIVER ENLARGEMENT THROUGH BLEM IN RESOLUTION**

Of autopsy **0**

PHYSICIAN **MD**
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?

While at work? **0**
(Specify type of place) (e) Means of injury

23. Signature **B. C. [Signature]** (M. D. or other) **MD**
Address **624 [Address]** Date signed **June 27 46**

ANG 11 1946
JUL 25 1947

ANG 9 1947
ANG 15 1946

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..... *Robert H Reed*

Licensed Embalmer No..... *3745*

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.