o. 2
-45
7-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27202

FILED SEP/49 1946

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 3725

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: 3944 Troost
(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)

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. 3944 Troost 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME MRS. MARY E (ELLA) 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 Widow 2

6. (b) Name of husband or wife Thomas T Kelley

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

7. Birth date of deceased Aug 29 1874
(Month) (Day) (Year)

8. AGE: Years 72 | Months 0 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Edina Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name John McMahon 11
13. Birthplace Ireland 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen J Lorigan
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd A Kelley
(b) Address Cincinnati Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/46
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Robin Co
(b) Address 20 West Linwood

19. (a) 8-30-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day Aug
year 1946 hour 8;45 minute A M.

21. I hereby certify that I attended the deceased from 3-21-46
8-29 46 to ____, 19__;
that I last saw her alive on 8-29- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gall bladder
Due to Metastases to Live

Due to ____

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

Major findings:
Of operations ✓
Of autopsy ✓

46 f

Duration

PHYSICIAN

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?
(Specify type of place)

While at work? ✓ (e) Means of injury 0

23. Signature W J Miller (M. D. or other)

Address Kingston Date signed 8-29-46

(Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Farmer

Licensed Embalmer No. 4137

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.