

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27204

FILED AUG 19 1946
149

Registrar's No. 3413

Registration District No. 1002 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 6630 Olive Street
(d) Length of stay: 50 Years
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 6630 Olive Street
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MRS. ANITA ST. JOHN KELLY
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 6
year 1946 hour 9:30 minute a M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Burton W. Kelly
6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from January, 19 , to , 19 ;
that I last saw alive on , 19 ;
and that death occurred on the date and hour stated above.

7. Birth date of deceased Oct. 9, 1885
8. AGE: Years 60 Months 9 Days 27
If less than one day hr. min.

Immediate cause of death arterio-sclerosis/pluritis
Due to left pleural effusion
Due to peritoneal effusion
Other conditions (include pregnancy within 3 months of death)

9. Birthplace Kentucky
10. Usual occupation At Home

Major findings: Of operations
Of autopsy as above
1310

11. Industry or business
12. Name Huston H. St. John
13. Birthplace Unknown
14. Maiden name Lotta Nichols
15. Birthplace Unknown

16. (a) Informant Richard S. Kelly
(b) Address 6630 Olive, K. C. Mo.
17. (a) Cremation (b) Date thereof 8-9-46
(c) Place: burial or cremation Elmwood

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

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.
19. (a) 8-8-46 (b) Steradine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature James Walker (M. D. or other) Walker
Address 1424 Prof. Bldg Date signed 8-6-46

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

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 Walter H. Erwin
Licensed Embalmer No. 4352
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.