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

28434

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29598

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1030

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether
In this community 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2137 South 11th. Street 7
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Walter Smith Kelly

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased November (Month) 8 (Day) 1877 (Year)

8. AGE: Years 68 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace Charleston (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation None

11. Industry or business

FATHER
12. Name Dan Kelly
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 1

MOTHER
14. Maiden name Alice Jane Buckley
15. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs H. H. Tilford

(b) Address Waverly, Kansas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri.

19. (a) Sept. 12, 1946 (Date received local registrar) H. J. Nistlebush (Registrar's signature) JM

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7th.
year 1946 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug 28 1946, 19 , to Sept 7, 1946
that I last saw him alive on Sept 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic coma — Duration 5 days

Due to Diabetes mellitus

Due to 61

Other conditions Diabetic gangrene, right lower extremity
(Include pregnancy within 3 months of death)

Major findings:
Of operations not performed
Of autopsy not performed

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 Irwin I. Rosenthal (M. D. or other) M.D.

Address Physicians & Surg. Bldg. Date signed 9/9/46

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(Licensed Embalmer's Statement on Reverse Side)

Rosenthal

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 Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.