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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

Registration District No. 141

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9182

Registrar's No. 1064

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 25 days (Specify whether years, months or days)
In this community 35 years

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.: 2641 Forest 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Truman Kellar
3. (b) If veteran, name war: World War 1
3. (c) Social Security No.: unknown
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 27 (Day) 1883 (Year)
8. AGE: Years 63 ~~62~~ Months 9 Days 9 If less than one day hr. min.
9. Birthplace: Phia. (City, town, or county) Penn. (State or foreign country)
10. Usual occupation: Intelligence Officer
11. Industry or business: Publisher Office Works
FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Beardsley
15. Birthplace: Phia. (City, town, or county) Penn. (State or foreign country)
16. (a) Informant: Miss Ora I. Johnson
(b) Address: 3424 Kenwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 10 47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Marys
18. (a) Signature of funeral director: Mellody McGilley Eyler
(b) Address: 18000 East Linwood Blvd.
19. (a) 3-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1947 hour 11 minute 25 P.M.
21. I hereby certify that I attended the deceased from Jan. 9, 1947, to March 6, 1947 that I last saw him alive on March 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia-Cirrhosis of liver-Acute peritonitis and pleuritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: See above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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

23. Signature: Wm. W. Hart M.D. (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed 3-7-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Fitzwilliams

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 Glen E. Heck

Licensed Embalmer No. 4063

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.