

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9184

State File No. _____

FILED APR 1 1947
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1339

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. 6 days
(Specify whether years, months or days)

In this community 15 Years
(Specify whether years, months or days)

3. (a) PRINT Andrew Jackson Kelly
FULL NAME

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs Malinda Kelly

6. (c) Age of husband or wife if alive 77 1867

7. Birth date of deceased May 20, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	10	0	hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

12. Name John Kelly

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hester Barton

(b) Address 3005 Bales

17. (a) Burial (b) Date thereof 3-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 3-22-47 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL.")

(d) Street No. 2912 Mercier
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 14, 1947 to March 20, 1947
that I last saw him alive on March 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia-Cerebral thrombosis with encephalomalacia

Due to _____

Due to _____

Other conditions 836
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy See above

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? _____ (Specify type of place) (e) Means of injury Q

23. Signature W. W. Hart (M. D. or other) md

Address Med. Dir. Gen'l Hosp Date signed 3-21-47

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

MOTHER FATHER

Mr. [unclear]

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 *Cecil R. Matthes*
Licensed Embalmer No. *3807*
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.