U. S. No. 2
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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. 9185

FILED APR 1 1947

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 1340

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: K.C. Mun. Tbc. Hosp. O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 9 days (Specify whether years, months or days)
In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1808 1/2 Forest (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

48
3
8
0

3. (a) PRINT FULL NAME: Fred Kelly
3. (b) If veteran, name war: — no
3. (c) Social Security No. 493-12-7067
4. Sex: M
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Separated
6. (b) Name of husband or wife: Theresa (Whereabouts Unknown)
6. (c) Age of husband or wife if alive: 33 years
7. Birth date of deceased: July (Month) 19 (Day) 1914 (Year)

8. AGE: Years	Months	Days	If less than one day
33	8	0	hr. min.

9. Birthplace: Coushatta, La. (City, town, or county) (State or foreign country)
10. Usual occupation: Truck Driver
11. Industry or business: —
FATHER 12. Name: Henry Hall
FATHER 13. Birthplace: Coushatta, La. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Price
MOTHER 15. Birthplace: Coushatta, La. (City, town, or county) (State or foreign country)
16. (a) Informant: K.C. Mun. Tbc. Hosp.
(b) Address: K.C., Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 3-22-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: LINCOLN CEM.
18. (a) Signature of funeral director: Brady-Brown
(b) Address: 1708 Tracy
19. (a) 3-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1947 hour 1 minute 56 A.M.
21. I hereby certify that I attended the deceased from Febr. 10 ~~March 19~~, 1947, to March 19, 1947; that I last saw him alive on Mar. 19, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Pulmonary Tuberculosis	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

M.B. Rosenberg M.D.

Major findings:
Of operations: —
Of autopsy: 13 B

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: O
23. Signature: M.B. Rosenberg (M. D. or other)
Address: K.C. Tbc. Hos. Date signed 3-19-47

(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 ..... C. H. Connell

Licensed Embalmer No. 1271

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.