

S. No. 2
M-5-43
5-17-39
I X36671

FILED APR 1 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1212

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

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: 438 No. White 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 yrs. (Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson Co

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

(d) Street No. 438 - No. White
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Donald Warren Kelso

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MO 5. Color or race wh

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

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

7. Birth date of deceased: Jan 11 1930
(Month) (Day) (Year)

8. AGE: Years 17 Months 2 Days 5 If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16 year 1947 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from Mar 16, '47 only, 19____, to 19____; that I last saw him alive on Mar 16, 1947; and that death occurred on the date and hour stated above.

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

10. Usual occupation House Child

11. Industry or business _____

12. Name Mark L. Kelso

13. Birthplace Laredo, MO
(City, town, or county) (State or foreign country)

14. Maiden name Helen Warren

15. Birthplace Laredo, MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mark L. Kelso

(b) Address 438 No. White

17. (a) Removal (b) Date thereof Mar 17 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laredo, MO

18. (a) Signature of funeral director Mr. C. L. Taylor

(b) Address 918 Broadway

19. (a) 3-17-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

Immediate cause of death Lung thrombosis Duration _____

Due to _____

Due to _____

Other conditions (including pregnancy within 3 months of death) _____

Major findings: Vincent J. Jernigan, M.D. PHYSICIAN

Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature Vincent J. Jernigan, M.D. (Physician or other)

Address 315 N. White Date signed 3/16/47

3
2
1
1

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.....

Orlando Minor

Licensed Embalmer No.....

3414

P. O. Address.....

918 Broadway

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.

515- No mlt

R. C. C.

2B
1-45
443880

State File No.

Registration District No. 149

Primary Registration District No. 1002.

Registrar's No. 1212

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:
438 N. White
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Donald Warren Kelso

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... 5. Color or race..... 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased..... (Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 3-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 1947 year 1947 hour..... minute..... M.

21. I hereby certify that I attended the deceased from March 3-8-47 and that death occurred on the date and hour stated above.
Duration of death.....
lung hemorrhage (non T.B.) (n.m.o.)

Due to.....

Due to.....

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

Major findings: 1142
Of operations.....
Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. Vincent Pillsman (M.D. or other) D.O.

Address 515 N. White Date signed 3-16-47

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

SUPPLEMENTARY

S-9187