

FILED APR 23 1947

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1668

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:  
2622 Olive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 24 years  
years, months or days)

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. 2404 Paseo  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John Olen Kelley

3. (b) If veteran, name war. no  
3. (c) Social Security No. 488-22-0820

4. Sex Male 2  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased. June --- 27 --- 1902  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	44	9	12	hr. min.

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

10. Usual occupation Teacher

11. Industry or business \_\_\_\_\_

12. Name John H. Kelley

13. Birthplace Mo. Vain Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Ida Jones  
15. Birthplace Easley Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Preston Kelley  
(b) Address 2006 Wash. Blvd., Chicago, Ill.

17. (a) Burial (b) Date thereof 4/14/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Log Providence, Mo.

18. (a) Signature of funeral director E. Sterling Bills  
(b) Address 1212 Vine St. Kansas City, Mo.

19. (a) 4-12-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1947 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 2  
1947 to April 9 1947

that I last saw him alive on April 9 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary Edema 1 day

Due to coronary occlusion, wash

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations 940

Of autopsy \_\_\_\_\_

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 0

23. Signature M. C. Lewis (M. D. or other)  
Address Lincoln Bldg Date signed 4/14/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 *E. Sterling Bills*

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City

**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.**