

FILED JUN 20 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21020

State File No. \_\_\_\_\_

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 2591

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:  
2509 Troost Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 22 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. 2509 Troost Ave  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EVELINE Kellar

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Peter Kellar 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Jan 24 1868  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

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

MOTHER FATHER { 12. Name James Boyd  
13. Birthplace Farmington Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Genevieve Henry  
15. Birthplace Farmington Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Spork  
(b) Address 4074 N. E. 11th Ave

17. (a) Burial (b) Date thereof 6-15-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Home

18. (a) Signature of funeral director Chas. M. ...  
(b) Address 310 N. Main St Independence Mo

19. (a) 6-15-47 (b) Geraldine Holmes  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th  
year 1947 hour 9:40 minute 15 M.

21. I hereby certify that I attended the deceased from Prima, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Artery thrombosis  
Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death) 95C

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no  
History & Physical

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 3  
Signature ... (M. D. or other) ...  
Date signed 6-15-47

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.**