

FILED JUN 17 1947

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

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2184

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:  
Clark Convalescent Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 years  
(Specify whether \_\_\_\_\_)

In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 2839 Troost Ave. 8  
(If rural, give location) 0

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES R KELLY

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 0 5. Color white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased April 16 1867  
(Month) (Day) (Year)

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

80 1 17 1/8 hr. \_\_\_\_\_ min.

9. Birthplace St. Joseph Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman (7 years)

11. Industry or business Fleishman Yeast Co.

MOTHER FATHER

12. Name James Kelly

13. Birthplace No record 9  
(City, town, or county) (State or foreign country)

14. Maiden name Annie F

15. Birthplace No record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward J McBrade 1

(b) Address Union Natl Bank - R C Mo

17. (a) Burial (b) Date thereof 6/16/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Frank E. Paden

(b) Address 20 West Linwood

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1947 hour found dead at 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 7 1947 to June 4 1947  
that I last saw him alive on June 31, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Hypertension 10 yrs Duration

Due to \_\_\_\_\_

Other conditions Ca Pancreas 10 yrs  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations 5 1/2

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature James R Kelly (M. D. or other) 0  
Address 442 Parkville Date signed 6/14/47

