. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 7 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24248
Registrar's No. 3060

Registration District No. 149
Primary Registration District No. 1002

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: NORTH-EAST RESTORIUM 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months (Specify whether
In this community 36 yrs
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. 721 W 75th St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MILLIE KELLY
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 widow 2
6. (b) Name of husband or wife Chas. W. Kelly
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 31 (Day) 1873 (Year)

8. AGE: Years 74 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Unknown, Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation at Home
11. Industry or business
FATHER
12. Name Unknown - ~~Simpson~~ Simpkins
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant ~~Mrs. Pearl Dixon~~ Mrs. Pearl Dixon
(b) Address 6132 So. Benton
17. (a) burial (b) Date thereof 7-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 7-21-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 19
year 1947 hour 1 minute 05A M.
21. I hereby certify that I attended the deceased from Jan 22 1947 to July 19 1947
that I last saw her alive on July 16 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	
Due to Hypertensive Heart Disease	
Due to Arteriosclerotic Heart Disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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
23. Signature Richard L. Lehner (M. D. or other) M.D.
Address 4301 Main Date signed July 19 1947

Jefferson City Printing Co.
(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: D. D. Nofsinger

Licensed Embalmer No. 3958

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.