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 NOV 24 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38244

Registrar's No. 4696

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: 5825 E. 10th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 1 mo. 29 days
In this community

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.: 5825 E. 10th. St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

48
3
0

3. (a) PRINT FULL NAME: Baxter Kelly
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: male 0
5. Color or race: 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: September 9, 1947 (Month) (Day) (Year)

8. AGE: Years | Months: 1 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: infant
11. Industry or business:

FATHER
12. Name: 9
13. Birthplace: (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Francis Kelly
15. Birthplace: Longwood (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Mrs. Hecklin
(b) Address: 5825 E. 10th.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills
18. (a) Signature of funeral director: John P. Sheil
(b) Address: Kansas City, Mo.
19. (a) 11-10-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8 year 1947 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: septicemia
Due to: gangrene of finger and feet
cause unknown
Due to: (m. m. d)
Other conditions (Including diseases, injuries, pregnancy, etc.): Deputy Coroner
Major findings:
Of operations:
Of autopsy: see above

Duration

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) 0
While at work? (e) Nature of injury:
23. Signature: A. E. Usher M.D. (M. D. or other)
Address: 2800 Main Date: 11/19/47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.