. 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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38246

FILED DEC 9 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4967

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: 3109 Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 38 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. 3109 Summit
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. MARGARET 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 Married
6. (b) Name of husband or wife Thomas Kelly
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased ..... (Month) ..... (Day) 1887 (Year)

8. AGE: Years 60 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James Gaffey
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Unknown Tierman
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
16. (a) Informant Thomas Kelly
(b) Address 3109 Summit
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys' Cem.
18. (a) Signature of funeral director Quirk and Tobin
(b) Address 20 W. Linwood
19. (a) 11-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1947 hour ..... minute P M.
21. I hereby certify that I attended the deceased from 1940 ..... 19..., to Nov. 20 1947
that I last saw her alive on Nov. 20 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gentle coronary occlusion	4 dr
Due to: Myocardosis	1 yr.
Due to: Arteriosclerosis	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 N
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 0
23. Signature John O. Skinner (M. D. ~~or other~~)
Address 1402 Bryant Bldg. Date signed 11/24/47

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 Francis L. Fisher, Registered Apprentice No. 47, working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 4134

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.