S. 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 MAR 1 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4899
Registrar's No. 769

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: 725 North Prospect /
(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)
In this community: 65 years

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.: 725 North Prospect 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: JOHN ROBERT KELLING
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married /
6. (b) Name of husband or wife: Mrs. Mary Kelling
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: June 11 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	8	5	hr. min.

9. Birthplace: Avon (City, town, or county) Ohio (State or foreign country) /
10. Usual occupation: Retired Stationary Fireman
11. Industry or business:
FATHER
12. Name: George Kelling
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name: Barbara
15. Birthplace: Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant: Mrs. N. E. Dwyer
(b) Address: Overland Park, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cem
18. (a) Signature of funeral director: Aurk & Dolin
(b) Address: 20 West Linwood
19. (a) 2-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 16th day Feb year 1948 hour 5:15 minute P M.
21. I hereby certify that I attended the deceased from 2/13, 1948, to 2-16, 1948, that I last saw him alive on 2/16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Infarction	2 weeks
Due to: Hypertension	5 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93d	
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: R. L. St. Clair (M. D. or other)
Address: 5242 St. Joe Date signed: 2/16-48

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 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.