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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12675
Registrar's No. 1869

FILED MAY 7 1948
Registration District No. 199

Primary Registration District No. 1002

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:
6536 Charlotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MICHAEL P KELLETT

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 486-05-7419

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eileen Kellett 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan 22 1896
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Mt. Leonard Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Liquor Salesman

11. Industry or business T. J. Pendergast Co

12. Name Phillipp Kellett

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Cecelia Lynch

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Michael Kellett

(b) Address 6536 Charlotte

17. (a) Burial (b) Date thereof 4/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm H. Tolson

(b) Address 20 West Linwood

19. (a) 4-29-48 (b) Cleraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 6536 Charlotte
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day April year 1948 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from Coroner, 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 Severing of blood vessels of neck

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1642

Major findings: Of operations _____

Of autopsy no

History of Impetigo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 4-28-48

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? no (Specify type of place) (e) Means of injury gun

23. Signature John C. ... (M. D. or other)

Address 1424 N. ... Date signed 4-28-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

