300
47
39
906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 15 1948
Registration District No. 146

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 36993
Registrar's No. 388

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 53 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 300 South Fuller
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THOMAS CLINTON KELLEY
3. (b) If veteran, name war ----------
3. (c) Social Security No. ---------

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Matilda Hune Kelley
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased May (Month) 15, (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
91	6	20	hr. min.

9. Birthplace Tunnell Hill, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Minister
11. Industry or business Reorganized L.D.S. Church
FATHER
12. Name Andrew Homer Kelley
13. Birthplace (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Rhoda Webb
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs. Matilda June Kelley
(b) Address Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery
18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri
19. (a) 12-7-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th, year 1948 hour 10 minute 25 P. M.
21. I hereby certify that I attended the deceased from April 19, 1948 to Dec. 5, 1948 that I last saw him alive on Dec. 5, 1949 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Arteriosclerosis	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to 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 Chas. F. Grabske (M.D. or other)
Address 1st Nat'l. Bank Bldg. INDEPENDENCE, MO. Date signed 12/7/48

(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 Roland T. Spencer

Licensed Embalmer No. 3604

P. O. Address Independence, Missour

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.