

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19624

State File No.

2458

| | | | | | | | |
|--|--|--|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY JACKSON | | | | a. STATE MISSOURI | | b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | | | c. LENGTH OF STAY (in this place) 68 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2 | | | | d. STREET ADDRESS (If rural, give location) 1517 Park Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. AGE (In years last birthday) | |
| a. (First) EDNA | | | b. (Middle) KELLEY | | | c. (Last) KELLEY | |
| 6. DATE OF DEATH JUNE 3 1949 | | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | | 8. DATE OF BIRTH MARCH 24 1884 | |
| 5. SEX FEMALE | | | 6. COLOR OR RACE NEGRO | | | 9. AGE (In years last birthday) 65 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | 13a. FATHER'S NAME JACK BALLARD | | | 13b. MOTHER'S MAIDEN NAME MAMIE | |
| 14. NAME OF HUSBAND OR WIFE Chester Kelley | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. 492-14-1352 | |
| 17. INFORMANT'S SIGNATURE OR NAME JOHN COOPER | | | 18. ADDRESS 1517 Park Avenue | | | | |
| 18. CAUSE OF DEATH | | | | | | | |
| Enter only one cause per line for (a), (b), and (c) | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC FAILURE | | | | | | | |
| INTERVAL BETWEEN ONSET AND DEATH | | | | | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | | | | |
| ANTECEDENT CAUSES | | | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | | |
| DUE TO (b) RHEUMATIC TYPE OF HEART DISEASE | | | | | | | |
| DUE TO (c) 4/16 X | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| HYPERTROPHIC ARTHRITIS | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>5/3/</u> , 19 <u>49</u> to <u>6/3/</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6/3/</u> , 19 <u>49</u> , and that death occurred at <u>5:45 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE E. Frank Ellis (Degree or title) | | | | 23b. ADDRESS 600 East 22nd Street | | 23c. DATE SIGNED 6/4/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6/7/49 | | 24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
| DATE REC'D BY LOCAL REG. 6-6-49 | | REGISTRAR'S SIGNATURE S. Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE Walter H. Brad - 1729 Lydia | | | |
| (Licensed Embalmer's Statement on Reverse Side) | | | | | | | |

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

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 _____

Student Embalmer No. 327

working under my personal supervision.

Student

Lester Lilly
Student Embalmer

Signed

D. J. Monroe

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.