

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19910**
Registrar's No. **180**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026	
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) (township) 55 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 426 N. Delaware			d. STREET ADDRESS (If rural, give location) 426 N. Delaware		
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Elizabeth		c. (Last) Kelly	
4. DATE OF DEATH (Month) (Day) (Year) June 19, 1949		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Aug. 21, 1893		9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10b. KIND OF BUSINESS OR INDUSTRY Jackson County Election Comm.		11. BIRTHPLACE (State or foreign country) Jackson county, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Chas. G. Kelly		13b. MOTHER'S MAIDEN NAME Mary L. Greene	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Wallace Kelly, Independence, Mo.		17. ADDRESS _____		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left breast		INTERVAL BETWEEN ONSET AND DEATH 30 mths			
ANTECEDENT CAUSES		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. 170X			
19a. DATE OF OPERATION 7/6/49		19b. MAJOR FINDINGS OF OPERATION carcinoma of left breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 12-1, 1946 to 6-19, 1949 , that I last saw the deceased alive on 6-19, 1949 and that death occurred at 4 a. m. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. V. Greene M.D.		23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 6/20/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 21, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Marys, Indep. Mo.	
24d. LOCATION (City, town, or county) (State) Independence, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson		ADDRESS Independence, Mo.	
DATE REC'D BY LOCAL REG. June 20-1949		REGISTRAR'S SIGNATURE J. V. Greene		354	

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

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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. _____

working under my personal supervision.

Signed Charles F. Tye

Signed.....
Student Embalmer

Licensed Embalmer No. 4534

P. O. Address Indy 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.