

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41424**

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>200</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PRAIRIE TWP</u>		c. LENGTH OF STAY (in this place) <u>8mo-3da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		<u>78</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JACKSON HOME</u>				d. STREET ADDRESS (If rural, give location) <u>1201 MERSINGTON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LINCOLN</u>			b. (Middle) _____		c. (Last) <u>KELLY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 28 - 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>4-9-1896</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Div</u>		11. BIRTHPLACE (State or foreign country) <u>CROSBY - MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Asa Lem Kelly</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Rose</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>JACKSON HOME RECORDS INDEP-MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myo carditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 22</u>
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) (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 <u>4/25</u> , 19 <u>49</u> , to <u>12/28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12/28</u> , 19 <u>49</u> , and that death occurred at <u>10:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. N. Green, M.D.</u>				23b. ADDRESS <u>Independence Mo</u>		23c. DATE SIGNED <u>12/29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem</u>		24b. DATE <u>12-31-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>7 mi North of Jackson</u>		
DATE REC'D BY LOCAL REG. <u>DEC. 30, 1949</u>		REGISTRAR'S SIGNATURE <u>Donald C. Earnshaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blair R. ...</u>		ADDRESS <u>Funeral Home K.C.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
48
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JAN 4 1950

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 W. Ross Blanford

Signed.....
Student Embalmer

Licensed Embalmer No. 4015

P. O. Address K.C. 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.