

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1950

State File No. 20296

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2885

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| 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 Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) 42 YEARS | | d. STREET ADDRESS (If rural, give location) 16 E. 34th St. Terrace | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. General Hospital No. 1 | | | |

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|-------------------------------------|-----------------|----------------|-----------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) John | b. (Middle) H. | c. (Last) Kelly | 4. DATE OF DEATH (Month) (Day) (Year) June 29th 1950 |
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|---------------|------------------------|--|------------------------------|------------------------------------|-----------------------------|-------------------------|
| 5. SEX 0 male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MAR 15 1958 | 9. AGE (In years last birthday) 92 | IF UNDER 1 YEAR Months Days | IF UNDER 100 Hrs. Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building-contractor | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. |
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| 13a. FATHER'S NAME UNKNOWN | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE MARY FRANCES |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary F. Kelly | ADDRESS 16 E 34th Terr |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4501 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic gangrene legs DUE TO (c) Generalized arteriosclerosis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 6-27-50, 19 to 6-29-50, 19, that I last saw the deceased alive on 6-29-50, 19 and that death occurred at 12:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE B. I. Burns (Degree or title) | 23b. ADDRESS Com. Hospitals, K.C. Mo. | 23c. DATE SIGNED 6-29-50 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7/1/50 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Washington | 24d. LOCATION (City, town, or county) (State) Kansas City Mo |
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| DATE REC'D BY LOCAL REG. 6-30-50 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank & John S. L... |
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WRITE PLAINLY—USING UNFADEING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Forrest A. Goldensow

Signed
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address Kansas City, 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.