No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23111
Registrar's No. 3114

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo
c. LENGTH OF STAY (in this place): 64 RS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KansasCity, Mo
d. STREET ADDRESS (If rural, give location): 4809 Campbell

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3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): M
c. (Last): Kelso

4. DATE OF DEATH (Month) (Day) (Year): 7-~~2~~ 21-- 51

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 4-4-1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): GENVA - NEBR
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: C. PIERCE
13b. MOTHER'S MAIDEN NAME: —— DEACON
14. NAME OF HUSBAND OR WIFE: HENRY KELSO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: 489-30-6354
17. INFORMANT'S SIGNATURE OR NAME: H. KELSO — ADDRESS: 4809 CAMPBELL

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperthermia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) C.V.A.
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: 331 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-19-- *19*51*, to* 7-21-- *19*51*, that I last saw the deceased alive on* 7-21 *19*51*, and that death occurred at* 11:59 *m., from the causes and on the date stated above.*

23a. SIGNATURE E. I. Burns M D (Degree or title): E. I. Burns, M.D.
23b. ADDRESS: 24th & Cherry
23c. DATE SIGNED: 7-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 5
24b. DATE: 7-23-51
24c. NAME OF CEMETERY OR CREMATORY: AUBURN
24d. LOCATION (City, town, or county) (State): AUBURN NEBR.

DATE REC'D BY LOCAL REG.: 7-22-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: PASSANTINO BROS — ADDRESS: KC, MO

(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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Francis S. Walton

Licensed Embalmer No. 2744

P. O. Address KC Mo.

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.