

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37392**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4887**

1. PLACE OF DEATH  
a. COUNTY **Jackson**  
b. CITY (If outside corporate limits, write RURAL and give town or township) **Kansas City**  
c. LENGTH OF STAY (In this place) **69 years**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **3232 Gillham Road**

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).  
a. STATE **Missouri** b. COUNTY **Jackson**  
c. CITY (If outside corporate limits, write RURAL and give township) **Kansas City**  
d. STREET ADDRESS (If rural, give location) **3232 Gillham Road**

3. NAME OF DECEASED  
a. (First) **MISS** b. (Middle) **TENA** c. (Last) **KELLY**

4. DATE OF DEATH **Nov 12 1951**  
(Month) (Day) (Year)

5. SEX **Female**  
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) **Single**

8. DATE OF BIRTH **Jan 9 1882**

9. AGE (In years last birthday) **69**  
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) **Secretary**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (State or foreign country) **Kansas City, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U. S.**

13a. FATHER'S NAME **MICHAEL KELLY**

13b. MOTHER'S MAIDEN NAME **CAROLINE BURGARD**

14. NAME OF HUSBAND OR WIFE **none**

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. **510-05-3470**

17. INFORMANT'S SIGNATURE OR NAME **Miss Anna Kelly** ADDRESS **3232 Gillham Road**

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinomatous Metastasis**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. **Primary Stomach Metastasis to Rt Lung.**  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **Hyp. Arteritis, Hypertension, Atherosclerosis**  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**14 1/2**  
**15 1/2**  
**10 1/2**  
**5 1/2**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE **No**

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) \_\_\_\_\_

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 **12-11**, 19**49**, to **11-12**, 19**51**, that I last saw the deceased alive on **11-12**, 19**51**, and that death occurred at **11:45P** m., from the causes and on the date stated above.

23a. SIGNATURE **Frank B. Leitz** (Degree or title) \_\_\_\_\_

23b. ADDRESS **1530 Prof. Bldg.**

23c. DATE SIGNED **11-13-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Nov 15 1951**

24c. NAME OF CEMETERY OR CREMATORY **St. Mary's Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REC. **11-15-51**

REGISTRAR'S SIGNATURE **Heraldine Holm**

FUNERAL DIRECTOR'S SIGNATURE **Robert J. Toben** ADDRESS **20 West Lincolnwood**

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, ~~by~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Forest W. Coldman*

Licensed Embalmer No. *4719*

P. O. Address *K.C. 7108*

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.