

JAN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1337
129

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

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) 20 yrs.		d. STREET ADDRESS (If rural, give location) 2554 Tracy	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2554 Tracy			

3. NAME OF DECEASED (Type or Print)	a. (First) Louis	b. (Middle) J.	c. (Last) Kelso	4. DATE OF DEATH (Month) (Day) (Year) Jan. -6-1952
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 18, 1900	9. AGE (In years) (Month) (Day) (Hours) (Min.) 51	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-Employed	10b. KIND OF BUSINESS OR INDUSTRY Apt. Bldg.	11. BIRTHPLACE (State or foreign country) Prescott, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew Kelso	13b. MOTHER'S MAIDEN NAME Josie ?	14. NAME OF HUSBAND OR WIFE Lee Ella Kelso
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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. _____	17. INFORMANT'S SIGNATURE OR NAME Lee Ella Kelso	ADDRESS 2554 Tracy
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	

19a. DATE OF OPERATION None	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)	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 **Nov. 20, 1951**, to **Jan. 6, 1952**, that I last saw the deceased on **Jan. 6, 1952**, and that death occurred at **7:00A** m., from the causes and on the date stated above.

23a. SIGNATURE George H. Hatcher, M.D.	(Degree or title)	23b. ADDRESS 2204 E. 18th St.	23c. DATE SIGNED 1-8-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-10-52	24c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG. 1-10-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Nathan W. Hatcher	ADDRESS K. C. K.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7703803

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 Clifford L Woods

Licensed Embalmer No. 3106

P. O. Address 1320 N. 5th

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.