

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1504
Do not use this space.

1. PLACE OF DEATH
 (a) County Barry Registration District No. 29
 (b) Township..... Primary Registration District No. 4021 Registered No. 40
 (c) City Cassville (d) Street No. Barry County Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jerome Kelley
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sanford Kelley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
41 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At. Home
 9. Industry or business in which work was done, as saw mill, bank, etc.....
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hunt County, Texas.

FATHER 13. NAME Pink Parkerson,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hunt Co., Texas

MOTHER 15. MAIDEN NAME Laura Virginia Cook,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Jackson, Mississippi.

17. INFORMANT Sanford Kelley,
 (ADDRESS) Monett, Mo.

18. BURIAL ~~PLACE~~ I.O.O.F. DATE Jan. 30, 1939

19. FUNERAL DIRECTOR Callaway's,
 (ADDRESS) Monett, Mo.

20. FILED 1-31 1939 Discourtesy
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/20 1939 to Jan 28 1939
 I last saw h. 1/20 alive on 1/28 1939 Death is said to have occurred on the date stated above, at 4:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Peritonitis following abdominal surgery 1/24/39
1/20/39
 Other contributory causes of importance Ulcerative Colitis

Name of operation removal of fecal stoma Date of 1/26/39
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) Frank Perry, M. D.
Monett Mo. (Address)

RECEIVED

District Health Officer No. 61

District File Number 6-39-427

Date Filed FEB. 17 1939

STATEMENT BY LICENSED EMBALMER

I, Floyd Callaway, Licensed Embalmer No. 2066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Floyd Callaway
Licensed Embalmer No. 2066

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.)