

REC'D APR 15 1939

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

11094

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
(b) Township Prairie Primary Registration District No. 5553B
(c) City or (d) Street No. 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

H.O.P. James Kelly
(a) Residence, No. Jackson Co. Home 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 1882
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 3 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Druggist
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) New Albany (STATE OR COUNTRY) Indiana

FATHER 13. NAME H. H. Kelly
14. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Nancy Scott
16. BIRTHPLACE (CITY OR TOWN) Scottsville (STATE OR COUNTRY) Kentucky

17. INFORMANT E. Jackson (ADDRESS) - Ram -

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove Bury DATE Mar. 24 1939

19. FUNERAL DIRECTOR (NAME) Bate & Spauls Funeral Home (ADDRESS) Independence, Mo.

20. FILED 3/27/39 1939 Sara B. Benson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-12 1939 to 3-22 1939

I last saw him alive on 3-20 1939 Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of right lung
Date of onset

Other contributory causes of importance: H¹

Name of operation Date of
What test confirmed diagnosis? Biopsy 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) J. H. Gentry, M. D.
Independence (Address)

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 3604
Roland Speaks, Registered Apprentice No. _____
working under my personal supervision.

Signed Roland Speaks
Licensed Embalmer No. 3604
P. O. Address Independence, 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, above space should be left blank.