

Registration District No. 684

Primary Registration District No. 5912

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town near Bowling Green  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 yrs years, months or days

3. (a) PRINT FULL NAME

Henry P. Kelley

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Shifty Hubert 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. (Month) 10 (Day) 1855 (Year)

8. AGE: Years 84 Months 0 Days 23 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Near Louisiana Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Henry Kelley  
18. Birthplace Va. (City, town, or county) (State or foreign country)  
14. Maiden name Margaret Sisson  
15. Birthplace Va. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. H. Sisson  
(b) Address Coryville Mo

17. (a) Burial (b) Date thereof Aug 4-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Spinesburg Mo.

18. (a) Signature of funeral director W. B. E. Moore  
(b) Address Bowling Green

19. (a) 8-10-39 (b) W. B. E. Moore  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Near Coryville Mo (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd  
year 1939 hour 3 minute p. M.

21. I hereby certify that I attended the deceased from April 1st, 1939 to Sept. 3rd, 1939;  
that I last saw him alive on July 21, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to ?  
Due to ? MI

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
While at work \_\_\_\_\_  
23. Signature J. B. Brown (M. D. or other)  
Address Bowling Green, Mo. Date signed Sept 3

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MARGIN RESERVED FOR INDEXING  
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.



RECEIVED

District Health Officer No. 10

District No. Number 10-39-1694

Date filed OCT 3 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>not</sup> by me or by

7, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P.O. Address

**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.**