NOV 24 1939

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

36862
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis 2 Registration District No. 668
(b) Township or City Sedalia 1 Primary Registration District No. 668 3032 Registered No. 285
(c) City Sedalia (d) Street No. 403 East 5th St. 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 4 yrs. 2 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

4-20

2. PRINT FULL NAME WILLIAM KELSAY
(a) Residence, No. 403 East 5th St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 1846

7. AGE: Years 93 | Months 7 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Nov. 1929
11. Total time (years) spent in this occupation 75 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Latham Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT G. P. Tabul
(ADDRESS) 403 East 5th

18. BURIAL, CREMATION, OR REMOVAL
PLACE J. California Mo DATE 10-5 1939

19. FUNERAL DIRECTOR (NAME) Williams & Friedmeyer
(ADDRESS) California Mo

20. FILED Oct 5 1939 Mrs Harry Sneed
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-27 1939 to 10-5 1939
I last saw him alive on 10-5 1939. Death is said to have occurred on the date stated above, at 10:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Brights Disease	1910
Generalized Arteriosclerosis	"
Chronic myocardosis	"

Other contributory causes of importance:
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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. M. Rodeman M. D.
(Address) Room 317 Glenfritz Bldg. Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

I X16605

RECEIVED
District Health Officer No. 8
District File Number 11/7/39
Date Filed

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed H E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.