

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10095**

Registration District No. **48**

Primary Registration District No. **5-072-4028** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Amoret**
(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 **61 years**
years, months or days)

8. (a) PRINT FULL NAME **Coleman W. Kelly**
9. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Patsy Ann Kelly** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 13, 1850**
(Month) (Day) (Year)

8. AGE: Years **89** Months **4** Days **23** If less than one day hr. _____ min.

9. Birthplace **Jackson Co., Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER
12. Name **William Kelly**
13. Birthplace **Unk Unk**
(City, town, or county) (State or foreign country)
14. Maiden name **Laura Hellen Younger**
15. Birthplace **Jackson Co., Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Elizabeth Martin**
(b) Address **Amoret Missouri**

17. (a) **Burial** (b) Date thereof **4-8-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mulberry Cemetery**

18. (a) Signature of funeral director **Richard & Margaret**
(b) Address **Amsterdam Missouri**

19. (a) **4/9-40** (b) **Mrs Cull Hall**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**
(c) City or town **Amoret**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4th** day **6th**
year **1940** hour **12** minute **30** A.M.

21. I hereby certify that I attended the deceased from **MAR 20**, 19**40**, to **Apr 6**, 19**40**
that I last saw him alive on **Apr 6**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Chronic Endocarditis**

Due to _____

Other conditions **1st W**
(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? _____

51 _____ (Specify type of place)
While at work? _____ (c) Means of injury _____

23. Signature **J M Smith** (M. D. or other) _____
Address **Amoret mo** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number H-40-652

Date Filed H-12-40

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.....

Lee A. Mangold

....., Registered Apprentice No.

working under my personal supervision.

Signed

L. A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.