

Registration District No. **547**

Primary Registration District No. **3077**

Registrar's No. **89**

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Hammital  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Elizabeth Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 204 (Specify whether years, months or days)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Joseph Kelly 12570  
8. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 15 1854  
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

12. Name Thomas Kelly  
13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Johanna Sullivan  
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph Kelly  
(b) Address 514 E. 4th Hammital Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Joseph Kelly  
(b) Address Hammital Mo

19. (a) 3-14-40 (Date received local registrar) (b) J. C. Fresh (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
(c) City or town Palmyra (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 March day 4 year 1940 hour 11:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 3 to March 4, 1940  
that I last saw him alive on March 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal disease Duration 5

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? 491  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. C. Fresh (M. D. or other) 1  
Address Hammital Mo Date signed 3-8-40

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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**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 Michael J. Howell  
Licensed Embalmer No. 3286  
P. O. Address Hannibal, 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.**