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

JUN 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Musick

State File No. 18457

Registration District No. 316 Primary Registration District No. 2001 Registrar's No. 483

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BURGE HOSP. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo. (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 1218 W. Water Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME ROBERT BRUCE KELLY 400

3. (b) If veteran, name war ✓

3. (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 May (Month) 27 (Day) 1940 (Year)

8. AGE: Years 1 Months 0 Days ✓ If less than one day ____ hr. ____ min.

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

10. Usual occupation Infant

11. Industry or business None

FATHER

12. Name James H. Kelly

13. Birthplace Texas Co. (City, town, or county) Mo. (State or foreign country)

MOTHER

14. Maiden name Olena M. Brewer

15. Birthplace Page Co. (City, town, or county) Iowa (State or foreign country)

16. (a) Informant James H. Kelly

(b) Address Springfield Mo.

17. (a) Burial, cremation, or removal Burial (b) Date thereof May 30-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Number one Cemetery

18. (a) Signature of funeral director J. W. Kingsland Co.

(b) Address Springfield Mo.

19. (a) May 29, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1940 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from 5,27,40, 19__, to 5,29,40, 19__; that I last saw him alive on 5,29,40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature birth-6½ months	2 days
Due to	
Due to	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings: Of operations ____ Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

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) While at work? ____ (f) Means of injury ____

23. Signature D. Musick (M. D. or other)

Address Springfield, Mo. Date signed 5,31,40

(Licensed Embalmer's Statement on Reverse Side)

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 J B Klingner

Licensed Embalmer No. 3358

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.