FILED AUG 9 1940

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25227

Registration District No. 318 Primary Registration District No. 2601 Registrar's No. 623

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1151 Nichols, 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Greene
(c) City or town Springfield, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1151 Nichols
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

8. (a) PRINT FULL NAME William Nim Kell 400

8. (b) If veteran, name war no

8. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Mc.Carty

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct (Month) 16 (Day) 1868 (Year)

8. AGE: Years ✓ 71 Months 9 Days 10 If less than one day ____ hr. ____ min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Frank Kell
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Pearl Kell
(b) Address 1151 Nichols, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address 534 St. Louis St Springfield, Mo.

19. (a) July 28, 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1940 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1940, to July 26, 1940; that I last saw him alive on July 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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)
While at work? (e) Means of injury

23. Signature Merton Wallace (M. D. or other)
Address Springfield, Mo Date signed 7-29-40

(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 Floyd W. Fox

Licensed Embalmer No. 2910

P. O. Address 629 W Walnut

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

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