

SEP 16 1940

State File No. 27920

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 189

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

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Noyes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community 79 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR #1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Kelley, George William  
(b) If veteran, name war No (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 26th  
year 1940 hour 3.15 minute A. M.  
21. I hereby certify that I attended the deceased from 5-8  
\_\_\_\_\_ 1940, to 8-26 \_\_\_\_\_ 1940

4. Sex Male 5. Color or race White  
6. (a) Single, married, divorced Married  
(b) Name of husband or wife Mrs Estella Kelley  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Sept 16 1860  
(Month) (Day) (Year)

that I last saw him alive on 8-21 \_\_\_\_\_ 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Bronchial Pneumonia Duration 5 days

8. AGE: Years 79 Months 11 Days 10  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Following a Central Nervous System 8-6-40  
Due to Arteriosclerosis 8-6-40  
Other conditions In Parker Hotel.  
(Include pregnancy within 3 months of death)  
After 8-21-40 Dr. Bruner PHYSICIAN

9. Birthplace Woodford County Kentucky  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

Major findings: None  
Of operations: \_\_\_\_\_  
Of autopsy As above.  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Kelley, Francis  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Estella Kelley  
(b) Address Columbia, Mo.  
17. (a) Burial (b) Date thereof Aug 28 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation old Cedar

22. If death was due to external causes, fill in the following: no  
(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? 74  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director R. W. Wickett  
(b) Address Columbia Mo  
19. (a) 8/27/40 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

23. Signature W. R. Wickett (M. D. or other) \_\_\_\_\_  
Address Columbia, Mo. Date signed 8-27-40

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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 *F. Oliver*

Licensed Embalmer No. 3183

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.**