

SEP OCT 11 1940

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30871  
3434

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Paris, City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Coxley Clinical Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hrs.  
(Specify whether  
In this community Non-Resident  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Joseph Ellen Kelley

3. (b) If veteran, name war ✓ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Grace Kelley 6. (c) Age of husband or wife if alive 7 1/2 years  
7. Birth date of deceased March 25 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Jessie Kelley  
13. Birthplace Maryland  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Garrison  
15. Birthplace Maryland  
(City, town, or county) (State or foreign country)

16. (a) Informant Rayton Kelley  
(b) Address Lowers, Mo.

17. (a) Burial (b) Date thereof 9/4/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Cemetery

18. (a) Signature of funeral director H. A. Buller  
(b) Address Lowers, Mo.

19. (a) Sept. 2, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1940 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug 29th 1940 to Sept 1st 1940 that I last saw him alive on Sept 1st 1940 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy  
arteriosclerosis  
Due to arteriosclerosis

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) g. r. v.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
— g. r. v.  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature Ernest M. Gillum (M. D. or other) \_\_\_\_\_  
Address 4801 Independence Ave Date signed Sept 2, 1940

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

*Mr. Sullivan  
507 Van Buren*

**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 *H. A. Sullivan*

Licensed Embalmer No. 1738

P. O. Address *Gower, 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.**