

Registration District No. _____

Primary Registration District No. 5074

Registrar's No. 75

NOV 19 1940

1. PLACE OF DEATH

(a) County BATES
(b) City or town Bates Mt. Pleasant Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Healing No 11 (1 mile south of
(If not in hospital or institution, write street number or location) Butler
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME

PANSY KELLY

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife JACK KELLY

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Oct

(Month)

21-7 1908
(Day) (Year)

8. AGE:

Years 33

Months 0

Days 10

If less than one day _____
hr. _____ min.

9. Birthplace

OKLAHOMA
(City, town, or county)

(State or foreign country)

10. Usual occupation

HOUSEWIFE

11. Industry or business

WALTER Darley

12. Name

WALTER Darley

13. Birthplace

Kentucky
(City, town, or county)

(State or foreign country)

14. Maiden name

Walter Darley

15. Birthplace

Kentucky
(City, town, or county)

(State or foreign country)

16. (a) Informant

Jos. Thomas

(b) Address

507 Corner - Joplin Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Oct 21, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation

Joplin - Walter Darley

18. (a) Signature of funeral director

BOOTH - BUTLER

(b) Address

Butler Mo. 503

19. (a) Oct 19 1940

(Date received local registrar)

(b) Anna E. Culver

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JASPER

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

(d) Street No. 2327 Kentucky
1305 Pa Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1940 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Multiple fractures of skull & operations of face & scalp

Due to _____

Due to Automobile Accident
U.S. Highway No 71 - one mile south of Butler Mo

Other conditions South of Butler Mo
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:

Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence Oct. 17, 1940

(c) Where did injury occur? Butler Bates Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On U.S. Highway No 71

While at work? _____ (Specify type of place)
(e) Means of injury Car wreck

23. Signature Rellie H. Smith (M. D. or other) MD

Address Rich Hill Mo Date signed 10/18/40

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

23159

210 m
98

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1613

Date Filed 11-12-40

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

John L. Hubbard

Licensed Embalmer No. 3585

P. O. Address Butler Mo

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34789**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **50**

Primary Registration District No. **5074**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Bates**

(b) City or town **St. Pleasant**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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)

3. (a) PRINT FULL NAME **Pansy Kelley**

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex **F**

5. Color or race **W**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: _____
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
33	0	16	_____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace: _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 **Oct** day **17**
year **1940** hour _____ minute **8:15 P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
(that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.)

Immediate cause of death: **Multiple fracture of skull and lacerations of face and scalp**

Due to: **Automobile accident**

Other contributing causes: **U.S. Hwy no 71 one mi S of Butler**

Major findings: **Her car turned over several times in attempting to make a U-turn - She was driving the car - Father occupant**

Of autopsy: _____

Of operations: _____

Of means of injury: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence: **Oct 17 - 1940**

(c) Where did injury occur: **Butler Bates Co**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **N.S. Highway 71**
(Specify type of place) (e) Means of injury

While at work? _____

23. Signature: **Richard D. Smith** (M. D. or other) **M.D.**

Address: **Rich Hill, Mo** Date signed: **12/1/40**

Coroner, Bates Co., Mo.

SUPPLEMENTARY

