

Registration District No. **701**Primary Registration District No. **5430**Registrar's No. **46**

1. PLACE OF DEATH:

- (a) County **Polk**
 (b) City or town **Northeast Marion**
 (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

In this community **all his life** (Specify whether years, months or days) **7**8. (a) PRINT FULL NAME **Albert Woodrow Kelley**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex: **male** 5. Color or race: **white** 6. (a) Single, widowed, married, divorced: **married**6. (b) Name of husband or wife: **Alpha** 6. (c) Age of husband or wife if alive: **42** years7. Birth date of deceased: **December 11 1891**
(Month) (Day) (Year)8. AGE: Years **48** Months **11** Days **28** If less than one day _____ hr. _____ min.9. Birthplace: **Missouri** (City, town, or county) (State or foreign country)10. Usual occupation: **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name: **Michael**13. Birthplace: **Mississippi** (City, town, or county) (State or foreign country)14. Maiden name: **Margaret Catesinger**15. Birthplace: **Kentucky** (City, town, or county) (State or foreign country)16. (a) Informant: **Beater Pond**(b) Address: **Bolivar Missouri**17. (a) **Burial** (b) Date thereof: **Nov 18-40**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: **Gold Cemetery**18. (a) Signature of funeral director: **J. B. Hutchison**(b) Address: **Bolivar Missouri**19. (a) **11/18/40** (b) **J. B. Hutchison**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Polk**(c) City or town: **Rural**
(If outside city or town limits, write "RURAL")(d) Street No. **eight miles Northeast of Bolivar**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **17**
year **1940** hour **6:15** minute **AM**

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: **Gunshot**
Self inflicted

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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) **suicide**(b) Date of occurrence: **November 17 1940**(c) Where did injury occur? **Bolivar, Polk Mo,**
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
630

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

23. Signature: **J. B. Hutchison** **Coroner**
(M. D. or other)Address: **Bolivar Mo,** Date signed _____

NOV 27 1944

OCT 27 1944

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1795-

Date Filed 12-16-40

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 J. B. Hutcherson

Licensed Embalmer No. 1331

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.