

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42663**

JAN 25 1941

Registration District No. **371**

Primary Registration District No. **4217**

Registrar's No. **60**

1. PLACE OF DEATH:

(a) County Holt
 (b) City or town Maitland
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 60 years _____ (Specify whether _____)
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Holt
 (c) City or town Maitland
 (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

3. (a) PRINT FULL NAME Hiram P. Kelley Elmer Kelly

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Low D. Kelly 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Mar 1 1856
 (Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Morrow Co Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Business

MOTHER FATHER
 12. Name Jeremiah Kelly
 13. Birthplace Northumberland Pa
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah (unknown)
 15. Birthplace Northumberland Pa
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry E. Kelly

(b) Address Maitland Mo

17. (a) Burial (b) Date thereof 12 26 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 15 P.

18. (a) Signature of funeral director J. B. Cummings

(b) Address Marionville Mo

19. (a) 12-26-40 (b) Vernon D. Stout
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
 year 1940 hour 1 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Nov 23
 _____, 1940, to Dec 24, 1940
 that I last saw him alive on Dec 24, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder
 Duration _____

Due to _____
 Due to 51
 Other conditions (Include pregnancy within 3 months of death) _____

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) _____
 (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?
2022 _____ (Specify type of place) _____
 While at work? _____ (a) Means of injury _____
 23. Signature R. M. Keller, D.O. (M.-Does other) 5
 Address Maitland Mo Date signed 12-26-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. Cummins*
Licensed Embalmer No. 1675

P. O. Address *Marquette, Mich*

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.