

JAN 8 1941

Registration District No. **431**Primary Registration District No. **3023**Registrar's No. **142**

1. PLACE OF DEATH:

- (a) County **Johnson**
 (b) City or town **Warrensburg**
 (If outside city or town limits, write "RURAL" and name of township)
424 King St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days **2**3. (a) PRINT FULL NAME **George Walker Kelby**3. (b) If veteran, name war **V** 3. (c) Social Security No. **486-05-9571**4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **MARRIED**6. (b) Name of husband or wife **Susie Kelby** 6. (c) Age of husband or wife if alive **56** years7. Birth date of deceased **April 4 1872**
 (Month) (Day) (Year)8. AGE: Years **68** Months **7** Days **27** If less than one day _____ hr. _____ min.9. Birthplace **Tipton Mo.**
 (City, town, or county) (State or foreign country)10. Usual occupation **Hotel Porter**

11. Industry or business _____

12. Name **William Kelby**13. Birthplace **UNKNOWN**
 (City, town, or county) (State or foreign country)14. Maiden name **UNKNOWN**15. Birthplace **UNKNOWN**
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature **Susie H. Kelby**(b) Address **424 King St. WARRENSBURG Mo.**17. (a) **BURIAL** (b) Date thereof **Dec 4 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Sunset Hill**18. (a) Signature of funeral director **W. H. Priest**(b) Address **WARRENSBURG Mo.**19. (a) **Dec 5-1940** (b) **Bertie Bentley**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Johnson**
 (c) City or town **Warrensburg**
 (If outside city or town limits, write "RURAL")
424 King St.
 (d) Street No. _____
 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Dec.** day **1**
 year **1940** hour _____ minute **30** A. M.21. I hereby certify that I attended the deceased from **Dec 1**, 19**40** to **Dec 1**, 19**40**that I last saw him alive on **Dec 1**, 19**40**

and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris** Duration _____Due to **arterio Sclerosis**

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy **none best**

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 _____

23. Signature **Wm. H. Priest** (M. D. or other) _____Address **Warrensburg Mo.** Date signed **12-3-40**

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.....

Licensed Embalmer No..... *3053*

P. O. Address..... *Warrensburg 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.