No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6302

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 177

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yrs. 6 mos. 17 ds. (Specify whether years, months or days)
In this community 9 yrs. 6 mo. 17 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lafayette 41
(c) City or town rural (If outside city or town limits, write "RURAL")
(d) Street No. near Lexington (~~[illegible]~~ 7) (If rural, give location)
(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Wm. Martin Kelley
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 9 (Day) 1849 (Year)

8. AGE: Years	Months	Days	If less than one day
91	7	2	hr. min.

9. Birthplace Johnson Co. (City, town, or county) O Mo. (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name Jno. Kelley
13. Birthplace ? (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Lucy
15. Birthplace ? (City, town, or county) Ky (State or foreign country)
16. (a) Informant Lafayette Co. Court
(b) Address Lexington Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 11 (Day) 41 (Year)
(c) Place: burial or cremation State Hosp #2
18. (a) Signature of funeral director C. R. Sidenfader
(b) Address 602 S 10 St.
19. (a) 2-11-1941 (Date received local registrar) (b) H. J. Nestlebush M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11 year 1941 hour 6-45 minute 9 M.
21. I hereby certify that I attended the deceased from June 25, 1932, to Feb. 11, 1941; that I last saw him alive on Feb. 11, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death broncho pneumonia	1 wk
Due to arteriosclerosis	X
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations —
Of autopsy —

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)
(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? 85 (Specify type of place)
While at work? (e) Means of injury
23. Signature T. T. O'Dell (M. D. ~~another~~) M. D.
Address St. Joseph Hosp #2 Date signed 2/11/41

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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 R. V. Wert

Licensed Embalmer No. 3876

P. O. Address St Joseph 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, fact should be so stated above.