

Anderson **8901**

Primary Registration District No. **5801**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County **New Madrid**
(b) City or town **Rural**
(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 _____
years, months or days

8. (a) PRINT FULL NAME **Bobbie Gene Kelso**
8. (b) If veteran, name war _____
8. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **(1)**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **2 3 1941**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **5 hr. 20 min.**

9. Birthplace **New Madrid Mo. (1)**
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name **Melbia Kelso**
13. Birthplace **Itawamba Co. / Miss.**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise Neal**
15. Birthplace **Grenada / Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Melbia Kelso**
(b) Address **Matthews Mo. R.F.D. # 3**
17. (a) **Burial** (b) Date thereof **2/4/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sikeston Mo.**

18. (a) Signature of funeral director **John Anderson**
(b) Address **Sikeston Mo.**
19. (a) **3-7-41** (b) **Dutterault**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **New Madrid**
(c) City or town **Rural**
(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 **2** day **3**
year **1941** hour **5** minute **p.m.**
21. I hereby certify that I attended the deceased from **2-3-41** to **2-3-41**, 1941;
that I last saw him alive on **2-3-41**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Of operations **None**
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 **None**
(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? **E 30**
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **M. D. Anderson** (M. D. or other) _____
Address **Sikeston** Date signed **2-5-41**

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

FILED MAR 19 1941

RECEIVED

District Health Officer No. 2

District File Number 341-331

Date Filed 3/19/46

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.....

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.