

0. 2  
13-40  
17-39  
X291

MAR 25 1941  
Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 45

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Royal  
(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 \_\_\_\_\_ (Specify whether)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

(c) City or town Royal  
(If outside city or town limits, write "RURAL")

(d) Street No. Royal St  
(If rural, give location)

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

3. (a) PRINT FULL NAME William Lewis Kelley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

4. DATE OF DEATH: Month Feb day 13 year 1941 hour 4 minute P M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Sarah Ann Kelley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 15 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15, 1941, to Feb 13, 1941.  
that I last saw him alive on Feb 13, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 8 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage Duration 4 wks.

Due to \_\_\_\_\_

Due to 83

Other conditions none  
(Include pregnancy within 3 months of death)

9. Birthplace Royal Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name George S. Kelley

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Margaret Kelley

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Marjorie Kelley

(b) Address Royal Mo

17. (a) Buried (b) Date thereof Feb 15 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Royal Cem

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? 610

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

23. Signature E. E. F. and M. D. or other \_\_\_\_\_  
Address Royal Mo Date signed 3-3-41

18. (a) Signature of funeral director Royal Mo

(b) Address \_\_\_\_\_

19. (a) Feb. 15, 1941 (b) J. F. C. C.  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 5,

District File Number 341883

Date Filed \_\_\_\_\_

---

---

**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, fact should be so stated above.**