

MAR 19 1941

Registration District No. 845Primary Registration District No. 5909 BRegistrar's No. 21

1. PLACE OF DEATH:

- (a) County PIKE
(b) City or town RURAL - CALUMET MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CALUMET NEIGHBORHOOD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community ENTIRE LIFE (Specify whether years, months or days)

8. (a) PRINT FULL NAME JOHN BOOKER KELLY3. (b) If veteran, _____
name war _____

3. (c) Social Security No. _____

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 AUGUST 25 1864
(Month) (Day) (Year)8. AGE: Years 76 Months 5 Days 8 If less than one day _____ hr. _____ min.9. Birthplace MONTGOMERY CO. MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER
12. Name JOHN B. KELLY
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name CYRENA WATSON
15. Birthplace PIKE CO. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Booker Kelly(b) Address Clarksville Mo17. (a) Burial (b) Date thereof 3/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CORINTH CEM.18. (a) Signature of funeral director W. F. Suda(b) Address Louisiana Mo19. (a) 2/10/41 (b) Wm Suda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County PIKE MO.
(c) City or town RURAL (1)
(If outside city or town limits, write "RURAL")
(d) Street No. CALUMET NEIGHBORHOOD
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 3rd
year 1941 hour 10:00 minute _____ A. M.21. I hereby certify that I attended the deceased from Jan 20, 1941, to Feb 3rd, 1941
that I last saw him alive on Feb 3rd, 1941; and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of stomach Duration Unknown
of 8 months

Due to _____

Due to _____

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

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

23. Signature E. M. Nettlet (M. D. or other) _____
Address Clarksville Mo Date signed 2/4/41

RECEIVED

District Health Officer No. 10

District File Number 3-41-540

Date Filed MAR 10 1941

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.....

Harold Garner

Registered Apprentice No.....

working under my personal supervision.

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana

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.