

Registration District No. 431

Primary Registration District No. 15588

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
County Home for aged  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 1 1/2 yrs  
years, months or days

3. (a) PRINT FULL NAME Jesse Louis Kelly

3. (b) If veteran name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased May - 9 - 1887  
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Johnson Co. O Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name John Kelly

13. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Harmon

15. Birthplace Unknown Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant County Home

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

17. (a) Burial (b) Date thereof 4 10 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sun Set Hill

18. (a) Signature of funeral director Sweeney - Phillips

(b) Address Warrensburg Mo.

19. (a) April 10 - 41 (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 - 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 April - day 9  
year 1941 hour 8 P minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 1st  
19 \_\_\_\_\_ to April 9 - 41  
that I last saw \_\_\_\_\_ alive on March 22 41 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) 0

Address Warrensburg Mo Date signed 4-10-41

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

32 11

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3-5-41

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 \_\_\_\_\_

*Earl Priest*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Wassersburg*

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.