No. 2
-1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17788

Registration District No. 316 Primary Registration District No. 4191 Registrar's No.

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Groove Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Ash Groove 1
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME George William Kelley

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah J. Small

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 14 1866
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	11	25	hr. min.

9. Birthplace 1 Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation retired Foreman of Construction

11. Industry or business Ash Groove Lime & Cement Co

FATHER
12. Name Francis Marion Kelley
13. Birthplace 1 Ky.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Moore
15. Birthplace 1 Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sarah J Kelley
(b) Address Ash Groove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Ash Groove Cemetery

18. (a) Signature of funeral director Dene A Brim
(b) Address Walnut Groove Mo. 288

19. (a) 5-10-1941 (Date received local registrar) (b) Mrs Leonard Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1941 hour 10 minute p. M.

21. I hereby certify that I attended the deceased from 3-7-, 1941, to 5-9-, 1941;
that I last saw him alive on May 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Inanition

Due to Cerebral arteriosclerosis + Cerebral softening.

Due to

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

Major findings:
Of operations none done
Of autopsy none held

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 Charles H McHaffie (M. D. ~~another~~) MD
Address Ash Groove Mo Date signed 5/10/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 41-6-68
Date Filed 6-9-41

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~~ ....., Registered Apprentice No. ..... working under my personal supervision.

Signed J. W. Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.