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FILED JUN 12 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Delzell  
17831  
State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 420

1. PLACE OF DEATH:  
 (a) County GREENE  
 (b) City or town Springfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Springfield Baptist Hosp. (1)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 13 Weeks  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME Charles M. Kelly  
 (b) If veteran, name war no  
 (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 Elizabeth Kelly  
 6. (c) Age of husband or wife if alive Unknown years  
 7. Birth date of deceased March 20 1868  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 1 29 hr. min.

9. Birthplace Indianapolis / Indiana  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Frisco Mechanic

MOTHER FATHER  
 { 12. Name Patrick Kelly  
 { 13. Birthplace Unknown / Ireland  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Unknown  
 { 15. Birthplace Unknown / Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ray D. Kelly

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 5-21-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EAST LAWN

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 5-20-41 (b) W.E. Handley MD  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Greene 39  
 (c) City or town Springfield 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 213 Cherry 6  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19  
 year 1941 hour 9 minute 2 M.

21. I hereby certify that I attended the deceased from March 1  
1941, to May 19, 1941;  
 that I last saw him alive on May 19, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: General Carcinoma  
 Due to Metastasis from  
Cancer of colon  
 Due to primary site  
 Other conditions: 462  
 (Include pregnancy within 3 months of death)

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations  
 Of autopsy no

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?

OPH  
 (Specify type of place)  
 While at work (b) Means of injury  
 Signature W. E. Handley (M. D. or other)  
 Address Springfield Mo Date signed May 20 1941

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

**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..... *Walter E. Hamell*.....  
Licensed Embalmer No. *3808*.....  
P. O. Address..... *Springfield Mo*.....

**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.**