No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18535

Registration District No. 609 Primary Registration District No. 4363 Registrar's No. 54

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

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 308 S. RIPLEY 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 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 73
(c) City or town NEOSHO 3
(If outside city or town limits, write "RURAL")
(d) Street No. 308 S. RIPLEY 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Paul Kelley
3. (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 Nov (Month) 2 (Day) 1926 (Year)

8. AGE: Years 14 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Neosho (City, town, or county) Missouri (State or foreign country)
10. Usual occupation STUDENT
11. Industry or business
MOTHER FATHER
12. Name L. A. Kelly
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Aro Giles
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant L. A. Kelly
(b) Address NEOSHO MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 19 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bellast Cemetery
18. (a) Signature of funeral director [signature]
(b) Address NEOSHO MISSOURI
19. (a) 5-24-41 (Date received local registrar) (b) Onal A Sale M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17
year 1941 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw him dead on May 17 , 1941 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Died suddenly of Natural causes
Due to Probably Heart Disease
Due to There had been no physician in attendance
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

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? 0
While at work? 5-42 (Specify type of place) (e) Means of injury 4
23. Signature J. R. Reynolds (M.D. or other) CORONER
Address NEOSHO MO Date signed 5-24-41

(Licensed Embalmer's Statement on Reverse Side)

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 Donald Reed, Registered Apprentice No. 202 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2689

P. O. Address Moberly 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.