

FILED JUL 14 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22931**

Registration District No. **552**

Primary Registration District No. **6122 4518**

Registrar's No.

1. PLACE OF DEATH

(a) County Sullivan
(b) City or town Melan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME LEWIS OLIVER 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 MARRIED

6. (b) Name of husband or wife MARSHIE AMBROSIE KELLEY 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov. 11 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Sullivan County (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN KELLEY
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name LOUISA MARSHAL
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Marshie A. Kelley
(b) Address Melan, Mo

17. (a) Burial (b) Date thereof 6-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Figger & Son
(b) Address Melan, Mo

19. (a) June 28, 1944 (b) Cleo Hagans
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan

(c) City or town Melan, Mo 103-
(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.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1941 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from December
1940, to May 31, 1941;

that I last saw him alive on May 30, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Compensation in old age

Due to _____

Other conditions (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?
Yes (Specify type of place) _____ (e) Means of injury _____

23. Signature Dr. F. Beckers (M. D. or other) DO
Address 1 Melan Mo Date signed 6/31/41

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

NOV 5 1941

RECEIVED

District Health Officer No. 10

District File Number 7-41-1236

Date Filed JUL 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 _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

Arnold Rigger

Licensed Embalmer No. 3792

P. O. Address Melan Mo

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

If this body is not embalmed, above space should be left blank.