

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF STATISTICS
FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29103

State File No. _____

Registration District No. 688

Primary Registration District No. 5916

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Frankford Rural PENO
(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 Life _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Arch Kelly

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race Black

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

6. (b) Name of husband or wife Bessie Carter Kelly

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Dec 22 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 522
If less than one day _____ hr. _____ min.

9. Birthplace Frankford Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jake Kelly

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

14. Maiden name Grace Wright

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

16. (a) Informant Jimmie Kelly

(b) Address New London Missouri

17. (a) Burial (b) Date thereof Aug 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford Missouri

18. (a) Signature of funeral director Field & Son

(b) Address Frankford Missouri

19. (a) Sept 7 (b) Mattie Unsell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Frankford RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. WEST of FRANKFORD
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 4 1941 to Aug 27 1941;
that I last saw him alive on Aug. 27 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature D. W. Jones (M. D. or other) _____

Address Frankford, Mo Date signed _____

617 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-41-1760

Date Filed SEP 22 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 _____

Licensed Embalmer No. 4093

P. O. Address Frankford, Pa.

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.