

FILED SEP 26 1941

State File No. 30985

Registration District No. 77

Primary Registration District No. 5115C

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Boone Mo  
(b) City or town M. S. Baine Mo  
(If outside city or town limits, write "RURAL" and name of township) Surge  
(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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Boone 000  
(c) City or town M. S. Baine Mo 00  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. M. S. Baine  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wm. Marvin Kelly

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race colored 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased. June 2 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>2</u>	hr. min.

9. Birthplace Boone Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Kelly

13. Birthplace Do not know (City, town, or county) (State or foreign country)

14. Maiden name Marion Kelly

15. Birthplace Do not know (City, town, or county) (State or foreign country)

16. (a) Informant Garrick Kelly

(b) Address M. S. Baine Mo

17. (a) not cremated (b) Date thereof 8-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. S. Baine Mo

18. (a) Signature of funeral director R. C. Ferguson

(b) Address 608 Park Ave Columbia

19. (a) 8-19-1941 (b) Mrs. Betty Crane  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4  
year 1941 hour 9 minute 30 P.

21. I hereby certify that I attended the deceased from 7-8-41  
1941 to 8-4-41, 1941;  
that I last saw him alive on 8-1-41, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Chronic nephritis  
Chronic Prostatitis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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 Dr. Moon (M. D. or other) \_\_\_\_\_  
Address 301 N. 5 St Date signed 8-7-41

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

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

10  
00  
00

**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 me

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

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address 609 Park Ave

**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.