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17-39
X23139

Registration District No. 735

Primary Registration District No. 3834

Registrar's No. 197

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community 58 yrs
years, months or days

3. (a) PRINT FULL NAME LEONARD W. KELLY

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex male 5. Color or race w

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

6. (b) Name of husband or wife Anna Kelly

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct 6 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation coal dealer and

11. Industry or business Ice manufacturer

12. Name Dennis Kelly

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

14. Maiden name Elizabeth Fee

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

16. (a) Informant Mrs. Anna Kelly

(b) Address Moberly Mo.

17. (a) burial (b) Date thereof Oct. 6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery Moberly Mo.

18. (a) Signature of funeral director Moberly Mo.

(b) Address Moberly Mo.

19. (a) Oct 6-41 (b) Leah Hillman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph

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

(d) Street No. 429 S. 4th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4th year 1941 hour _____ minute 7 a. M.

21. I hereby certify that I attended the deceased from October 21st, 1940 to Oct 4, 1941, that I last saw him alive on Oct 3rd, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to Do not know

Due to _____

Other conditions 212
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy no

Duration about 7 yrs

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Meall (M. D. or other) _____

Address Moberly Mo. Date signed 10-6-41

OCT 16 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

Albert K. Malan

Licensed Embalmer No.

1849

P. O. Address

Mobile

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.