No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32656

Registration District No. 784 Primary Registration District No. 700 Registrar's No. 1928

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Admitted 9/13/41 (Specify whether years, months or days)
In this community: Since 9/13/41.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 4

(c) City or town: Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 718 Railroad Street 2
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME: James Curtley Kelley

3. (b) If veteran, name war: World

3. (c) Social Security No.: Unavailable

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married /

6. (b) Name of husband or wife: Agnes.

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

7. Birth date of deceased: June (Month) ? (Day) 1890 (Year)

8. AGE: Years 51 Months 3 ? Days ? If less than one day hr. min.

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

10. Usual occupation: -

11. Industry or business: -

FATHER
12. Name: Unavailable
13. Birthplace: Unavailable (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: Unavailable
15. Birthplace: Unavailable (City, town, or county) 0 (State or foreign country)

16. (a) Informant: M. Schulig
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/16/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mexico, Missouri

18. (a) Signature of funeral director: Charles J. Oates
(b) Address: 4107-09 Finney Avenue

19. (a) SEP 16 1941 (Date received local registrar) (b) C. K. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th year 1941 hour 2:50 minute p. M.

21. I hereby certify that I attended the deceased from Sept. 13, 1941 to Sept. 15, 1941 that I last saw him alive on Sept. 15, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive and coronary arteriosclerotic heart disease, cardiac enlargement, and myocardial insufficiency. — Duration: Unknown

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): Nephritis, chronic, with edema and uremia. — Duration: Unknown

Major findings:
Of operations -

Of autopsy: No 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): no
(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? (Specify type of place)
While at work: (e) Means of injury

23. Signature: L. M. SOCHRAN, M.D. (M. D. or other) O
Address: Chief Medical Officer Date signed 9/16/41

(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

James Arthur Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney 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.