

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 140

1. PLACE OF DEATH:

(a) County NEWTON  
(b) City or town NEOSHO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: SALE-BOWMAN HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 DAYS (Specify whether  
in this community \_\_\_\_\_ months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON  
(c) City or town NEOSHO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 132 1/2 Main  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Michael Jerome Kelly

3. (b) If veteran, name war None  
3. (c) Social Security No. 486-01-5543

4. Sex MALE 5. Color of race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Kelly 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Aug 26 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace BARABOO WISCONSIN  
(City, town, or county) (State or foreign country)

10. Usual occupation Manager-Building and Loan Ass'n Retired

11. Industry or business \_\_\_\_\_  
12. Name Patrick Kelly  
13. Birthplace Ross Commons Co Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Logan  
15. Birthplace W Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Kennedy  
(b) Address Neosho Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec 21 1941  
(Month) (Day) (Year)  
(c) Place: burial or cremation 1007 Cemetery

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Neosho Missouri

19. (a) 1-1-42 (Date received local registrar) (b) Malcolm Schmitt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1941 hour 1 minute 15A M.

21. I hereby certify that I attended the deceased from September 27 1941 to December 19 1941  
that I last saw him alive on December 19 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Due to Hypertension

Due to Arteriosclerosis  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

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 Ana C. Sale (M. D. or other) \_\_\_\_\_  
Address Neosho, Mo. Date signed 1-1-42

Duration 1 week  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 142-130

Date Filed JAN 13 1942

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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

*Ogle Stone Jr.*

Licensed Embalmer No. 4126

P. O. Address Neosho 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, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42597**

Registration District No. **609**

Primary Registration District No. **4368**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH**

(a) County Newton

(b) City or town Neosho  
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Michael J. Kelley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec day 19 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Ememia

Due to Chronic nephritis

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

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

4. Sex M

5. Color or race W

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

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

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

7. Birth date of deceased Aug 26  
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 19  
If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

**MOTHER** { 12. Name \_\_\_\_\_

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

**FATHER** { 14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

Duration \_\_\_\_\_

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 Donald R. Sale (M. D. or other) \_\_\_\_\_

Address Neosho, Mo. Date signed \_\_\_\_\_

**SUPPLEMENTARY**

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

S-42597