

FILED APR 24 1942

Registration District No. 609

Primary Registration District No. 5809

1. PLACE OF DEATH:

(a) County NEWTON  
(b) City or town RURAL W. Benton Twp  
(c) Name of hospital or institution: NEWTON COUNTY INFIRMARY  
(d) Length of stay: In hospital or institution 2  
In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 073  
(c) City or town RURAL  
(d) Street No. DIAMOND Mo. R#1  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country 0

3. (a) PRINT FULL NAME ROBERT ALBERT KELLEY

3. (b) If veteran, name war NONE 3. (c) Social Security No. ....

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MAY BELLE KELLEY 6. (c) Age of husband or wife if alive 1 years  
7. Birth date of deceased AUGUST 1, 1904

8. AGE: Years 37 Months 7 Days 25 If less than one day hr. min.

9. Birthplace CINCINNATI OHIO

10. Usual occupation FARMER

MOTHER FATHER 11. Industry or business

12. Name JOHN KELLEY  
13. Birthplace UNKNOWN MARYLAND  
14. Maiden name MARY WRIGHT  
15. Birthplace UNKNOWN OHIO

16. (a) Informant May Belle Kelley  
(b) Address Diamond Masonic

17. (a) Burial (b) Date thereof 3-27-1942  
(c) Place: burial or cremation Diamond Masonic

18. (a) Signature of funeral director Carley Thompson  
(b) Address Neosho Mo

19. (a) 3-30-1942 (b) Carley Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 26 year 1942 hour 3:30 minute a.m.

21. I hereby certify that I attended the deceased from Mar 1st 1942 to Mar 26 1942 that I last saw him alive on Mar 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma in region of tonsil

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death) H5K

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?.....  
(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 RC Lamm (M. D. or other) 0  
Address Neosho Mo Date signed 3/30/42

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

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

730  
0  
0

RECEIVED

District Health Officer No. 6,

District File Number 442-562

Date Filed APR 16 1942

MAY 16 1951

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.....

*Andrew Forbis*

Licensed Embalmer No.....

*2649*

P. O. Address.....

*Neosho, Mo.*

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.