V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11501

Registration District No. 618

Primary Registration District No. [illegible]

Registrar's No. 621

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Burlington Jct. (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 mi west 2 north Nodaway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 33 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 74

(a) State Mo (b) County Nodaway

(c) City or town Burlington Jct. (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi. west 2 mi. north
(If rural, give location)

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

3. (a) PRINT FULL NAME JAMES WILLIAM KELLEY.

3. (b) If veteran, name war no

3. (c) Social Security No. none.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Mollie Kelley

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

7. Birth date of deceased Oct. (Month) 13. (Day) 1863. (Year)

8. AGE: Years 78 | Months 4 | Days 17 | If less than one day _____ hr. _____ min.

9. Birthplace — (City, town, or county) 1 Ind. (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name John Kelley
13. Birthplace — (City, town, or county) 1 Ind. (State or foreign country)

MOTHER
14. Maiden name Adaline Booth.
15. Birthplace not known. (City, town, or county) (State or foreign country)

16. (a) Informant Randall Kelley

(b) Address Elmo Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 4. 1942 (Month) (Day) (Year)

(c) Place: burial or cremation La Mar Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo.

19. (a) Mach 4 (Date received by registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar. day 2. year 1942 hour 12 minute 30 p. M.

21. I hereby certify that I attended the deceased from 2/19, 1942 to 3/2, 1942 that I last saw him alive on 3/1, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Colon	2
Chr. Endo Cirrhitis	3
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46e

Major findings:
Of operations
Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. F. [illegible] (M. D. or other) MD

Address Burlington Jct. Mo Date signed 3/3/42

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

Signed Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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, above space should be left blank.