

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11669

State File No. \_\_\_\_\_

FILED APR 6 1942

Registration District No. 698

Primary Registration District No. 4420

Registrar's No. 3

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

1. PLACE OF DEATH: Platte

(a) County \_\_\_\_\_

(b) City or town: Weston Jun  
(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: Entire Life years, months or days (Specify whether)

3. (a) PRINT FULL NAME: Lloyd Kelley

3. (b) If veteran, name war: No

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

4. Sex: Male 5. Color or race: Negro

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

6. (b) Name of husband or wife: Ethel Kelley

6. (c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: July 12 1891  
(Month) (Day) (Year)

8. AGE: Years: 50 Months: 5 Days: 22 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Laborer

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

MOTHER FATHER { 12. Name: Grant Kelley

13. Birthplace: Weston Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name: Celestra Bolden

15. Birthplace: Weston Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Ethel Kelley

(b) Address: Weston Missouri

17. (a) Burial (b) Date thereof: 3/13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Laurel Hill

18. (a) Signature of funeral director: Wagner & Ober

(b) Address: Weston, Missouri

19. (a) March 12 1942 (b) Mrs. Clay Sliffe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 10th  
year: 1942 hour: 3:00 minute: P. M.

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

Immediate cause of death: Acute Endocarditis

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

Due to: 918

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

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: None

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: M. D. [unclear] (M. D. or other) Cromer

Address: Dearborn 7710 Date signed: 3/10/42

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte  
District File Number 442-29  
Date Filed 4-4-42

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 W. R. Vaughn  
Licensed Embalmer No. 4023  
P. O. Address Weston, 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.