. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

Dr. Busick 14362

State File No.

Registrar's No. 337

39
2
6

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 9 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 983 E. Grand 6 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Kenneth Michael Kelly
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased April (Month) 19 (Day) 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
1	0	9	hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Inf.
11. Industry or business
FATHER 12. Name Geo. L. Kelly
FATHER 13. Birthplace West Point (City, town, or county) Tennessee (State or foreign country)
MOTHER 14. Maiden name Louise Hoover
MOTHER 15. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Geo. L. Kelly
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 4-29-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1942 hour 8 minute 07 a.M.
21. I hereby certify that I attended the deceased from 4-28 1942, to 4-28-42, 19; that I last saw him alive on 4-27-42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature Birth	—
Due to	
Due to	
Other conditions Congenital Atelectasis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 159
Of 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)
(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 0
23. Signature Luther Busick (M. D. or other)
Address Springfield Mo. Date signed 4-29-42

(Licensed Embalmer's Statement on Reverse Side)

994

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.....

Licensed Embalmer No.....

P. O. Address.....

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. This body not embalmed