No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17730

State File No.

Registration District No. 175 Primary Registration District No. 4104 Registrar's No. 37

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

21
2
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1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Salisbury Iron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(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 MO (b) County Chariton
(c) City or town Salisbury
(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.? years.

3. (a) PRINT FULL NAME James F. Kelly
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Matilda Kelly
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec (Month) 3 (Day) 1860 (Year)

8. AGE: Years 81 Months 4 Days 9 If less than one day hr. min.

9. Birthplace ✓ (City, town, or county) Ill (State or foreign country)
10. Usual occupation farmer
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant X Richard Kelly
(b) Address Salisbury, MO
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cemetery Salisbury
18. (a) Signature of funeral director Fred A. Thompson
(b) Address Madison, Mo.
19. (a) 5/10/42 (Date received local registrar) (b) R. Aseling (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1942 hour 9 minute 20 P. M.
21. I hereby certify that I attended the deceased from April 5, 1942 to May 10, 1942 that I last saw him alive on April 5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized arteriosclerosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

97

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 F. L. Harris (M. D. or other) MD
Address Salisbury Mo Date signed May 12, 1942

1023 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-9-42

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

Richard Brown Registered Apprentice No. 309

working under my personal supervision.

Signed: Fred G. Thompson

Licensed Embalmer No. 1420

P. O. Address: Madison, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.