

Primary Registration District No. 5459

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

1. PLACE OF DEATH:  
(a) County Grundy  
(b) City or town Rural Prentiss Twp  
(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 60 years. years, months or days

3. (a) PRINT FULL NAME Joseph Warren Kelso  
(b) If veteran, name war none (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 divorced Widowed  
7. Birth date of deceased: March 20 1860  
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Schuyler County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business retired

MOTHER FATHER { 12. Name William Robert Kelso  
13. Birthplace Indianapolis  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Gregg  
15. Birthplace Indianapolis  
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Kelso  
(b) Address Laredo Mo

17. (a) Burial (b) Date thereof June 11-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rural Dale Cemetery

18. (a) Signature of funeral director E. J. Robertson  
(b) Address Laredo Mo

19. (a) June 11, 42 (b) Nate W. Hoffman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 40  
(a) State Missouri (b) County Grundy  
(c) City or town Laredo  
(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 June day 10th  
year 1942 hour 2:30 minute A. M.  
21. I hereby certify that I attended the deceased from June 1st  
1942 to June 10th 1942  
that I last saw him alive on June 9th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial nephritis  
Due to Do not know

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 1310

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

While at work \_\_\_\_\_ (Specify type of place) (Means of injury)  
23. Signature Clayton P. Duffy (M. D. or other) M.D.  
Address Laredo Mo Date signed June 11th 1942

**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

*E. J. Robertson*

Licensed Embalmer No. *2468*

P. O. Address *Fairfax, 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.**