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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23981

State File No.

Registration District No. 7493 Primary Registration District No. 4655 Registrar's No. 29

1. PLACE OF DEATH:

(a) County: Caldwell
(b) City or town: Braymer 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 years, months or days) In this community: 4yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Caldwell 12
(c) City or town: Braymer 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John David Kelley

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

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

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

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

6. (c) Age of husband or wife if alive: 80 years

7. Birth date of deceased: July (Month) 3 (Day) 1862 (Year)

8. AGE: Years 80 Months x Days 14 If less than one day hr. min.

9. Birthplace: unknown (City, town, or county) / Iowa (State or foreign country)

10. Usual occupation: farmer

11. Industry or business:

FATHER
12. Name: Columbus Kezzey
13. Birthplace: unknown (City, town, or county) Penn / (State or foreign country)

MOTHER
14. Maiden name: Isabelle Tidbell
15. Birthplace: unknown (City, town, or county) Iowa / (State or foreign country)

16. (a) Informant: Mrs John D. Kelley
(b) Address: Braymer, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Evergreen

18. (a) Signature of funeral director: Bernard J. Mead
(b) Address: Braymer, Missouri

19. (a) July 20-42 (Date received local registrar) (b) E A Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1942 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from JULY-11th 1942, 19..., to JULY 17, 1942 that I last saw him alive on JULY 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: BULBAR PARALYSIS — Duration 2 days

Due to: CANCER (TYPE UNKNOWN) PROSTATE GLAND

Due to: RECTUM — 3 years

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

Major findings:
Of operations:
Of autopsy:

C L Woolsey

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: C. L. Woolsey M.D. (M. D. or other)
Address: Braymer Mo Date signed 7/18/42

115.1

(Licensed Embalmer's Statement on Reverse Side)

2-801

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 Bernard F. Mead

Licensed Embalmer No. 2-801

P. O. Address Braymer, 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.