

FILED AUG 19 1942 316

Registration District No. 443

Primary Registration District No. 6075-

Registrar's No. 82

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Near Farmington
(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yr. 1 mo. 12 da
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Estal Kelm
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 30
year 1942 hour 4 minute 30 P M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced 3 divorced Divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 30, 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-9 1938 to 6-30 1942
that I last saw him alive on 6-30 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 40 Months 2 Days 0
If less than one day hr. min.

Immediate cause of death Syphilitic meningio-encephalitis
Duration 4 yrs

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

Due to
Due to
Other conditions (include pregnancy within 3 months of death) zob

10. Usual occupation Public worker

11. Industry or business

Major findings:
Of operations
Of autopsy

MOTHER FATHER { 12. Name Robert Bousley Kelm

13. Birthplace Hallsville Ky
(City, town, or county) (State or foreign country)

14. Maiden name Lola Emma Pickett

15. Birthplace Spring Garden Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospital No. 1
(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 7-2-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vincent Cemetery, Mo.

18. (a) Signature of funeral director Landers

(b) Address Campbell Missouri

19. (a) 7-24-42 (b) Burdie Buhrmaster
(Date received local registrar) (Registrar's signature)

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?

23. Signature Paul Schrader (M. D. or other) MD
Address Farmington Mo Date signed 7-9-42

1194

RECEIVED

District Health Officer No. 4
District File Number 8-10-929
Date Filed 8-10-42

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.....

M....., Registered Apprentice No.....
working under my personal supervision.

Signed C. Hage Cozen
Licensed Embalmer No. J. 4084
P. O. Address Farmington 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.