

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 11

FILED OCT 6 1942
Registration District No. 23

Primary Registration District No. 4044

1. PLACE OF DEATH:
(a) County BOONE
(b) City or town STURGEON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ALL OF LIFE
years, months or days

8. (a) PRINT FULL NAME BENJAMIN FRANKLIN 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 MARRIED
6. (b) Name of husband or wife EDIZA KELLY 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Dec 22 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace BOONE Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER, RETIRED

11. Industry or business _____

MOTHER { 12. Name WILLIAM D. KELLY
13. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)
14. Maiden name BETSY RIGGS
15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W D Kelly
(b) Address Sturgeon, Mo.

17. (a) BURIAL (b) Date thereof SEPT. 25-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. HOPE

18. (a) Signature of funeral director W D Kelly
(b) Address Sturgeon, Mo.

19. (a) Sept 25-1942 (b) W D Kelly
(Date, received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 16
(a) State MISSOURI (b) County BOONE
(c) City or town STURGEON
(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 Sept day 23
year 42 hour 7 minute 40 A.M.
21. I hereby certify that I attended the deceased from Sept 13, 1942, to Sept 28, 1942,
that I last saw him alive on Sept 22, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration 2 1/2
Due to _____
Due to _____

Other conditions 97
(Includes pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

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)
(e) Means of injury _____
23. Signature W D Kelly (M. D. or other)
Address Sturgeon Mo Date signed 9-26-42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, above space should be left blank.