

FILED OCT 9 1942

Registration District No. **132**

Primary Registration District No. **3021**

Registrar's No. \_\_\_\_\_

40  
1  
2

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

1. PLACE OF DEATH: **Grundy**  
 (a) County  
 (b) City or town **Trenton**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Wright Memorial**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3 days**  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Mercer**  
 (c) City or town **Rural - Mercer Mo**  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME **Joseph David Kelly**  
 3. (b) If veteran name war \_\_\_\_\_ 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **August** day **30th**  
 year **1942** hour \_\_\_\_\_ minute **6:30** P.M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from **Aug 28th** 19**42** to **Aug 30th** 19**42** that I last saw him alive on **Aug 30th** 19**42** and that death occurred on the date and hour stated above.

7. Birth date of deceased **Feb 19 1941**  
 (Month) (Day) (Year)  
 8. AGE: Years **1** Months **6** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Acute Bacterial - Enteritis with focal peritonitis** **Twelve**  
 Due to **Presumptive Cholera** **Seven**  
 In **Sanct**

9. Birthplace **Mercer Co. Mo**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation \_\_\_\_\_

Other conditions **None**  
 (Include pregnancy within 3 months of death)  
 Major findings: **1/19a**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name **Mead David Kelly**  
 13. Birthplace **Long J.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Clara Jane Collier**  
 15. Birthplace **Mo**  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mercer Mo**  
 (b) Address **Buried**  
 (c) Place: burial or cremation **Evergreen Cemetery Linaville, Iowa**  
 17. (a) **Buried** (b) Date thereof **Sept 1, 1942**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Signature of funeral director **D. D. Greener**  
 (b) Address **Linaville, Iowa**  
 19. (a) **Sept - 42** (b) **Nada Hoffmann**  
 (Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (2) Means of injury **Mr D**  
 23. Signature **Clara D. Kelly** (M. D. or other) **Mr D**  
 Address **Mercer Mo** Date signed **Aug 30th 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.....

Ames F. Greenlee P.E. #3967, Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Ames F. Greenlee

Licensed Embalmer No. 872

P. O. Address.....

Liverly, Iowa

**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.**