

S. No. 2
M. 4-4-41
Ev. 15-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33373

FILED NOV 6 1942

State File No.

Registration District No.

Primary Registration District No. 3168

Registrar's No. 346

1. PLACE OF DEATH: Callaway
 (a) County Callaway
 (b) City or town Rural Mc Credie
 (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Rural
 (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.

3. (a) PRINT FULL NAME Harry Kelley
 3. (b) If veteran, name war 3. (c) Social Security No. 499-05-9976

MEDICAL CERTIFICATION
 20. DATE OF DEATH Month Oct day 27 year 1942 About 5:30 PM minute M.

4. Sex Male 5. Color Negro 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased June 17 1901
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19..... to 19.....
 that I last saw him alive on 19.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....
 Due to Accidental Death on Automobile Collision
 Due to Death instantaneous

8. AGE: Years 41 Months 4 Days 20 If less than one day hr. min.
 9. Birthplace New Bloomfield, Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death) 170 cc
 Major findings of operations Common peroneal nerve
 Of autopsy unavailable

MOTHER FATHER

11. Industry or business
 12. Name George Kelley
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Abbie Houston
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Abbie Brooks
 (b) Address Mc Credie, Mo
 17. (a) Rural (b) Date thereof Oct 29-42
 (Burial, cremation, or reinterment) (Month) (Day) (Year)
 (c) Place: burial or cremation New Richmond Cem. Call. Co. Mo
 18. (a) Signature of funeral director Eli Bell
 (b) Address Fulton, Mo
 19. (a) 10-29-1942 (b) Josie Morrison
 (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) 614
 (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 at road (Specify type of place) (e) Means of injury Guts Cleary
 23. Signature W. E. Barrett (M, D. or other) 3
 Address W. E. Barrett Date signed 10-28-42

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

14
00

J. M.

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.....

Eli Bell

Licensed Embalmer No. *2130*

P. O. Address *Fulton, 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.