

FILED MAR 16 1943-9  
Registration District No. **359**

Primary Registration District No. **6223**

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

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town RURAL - VIRGIL 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  
In this community unk (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County VERNON  
(c) City or town: RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. VIRGIL TOWNSHIP  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY S. KELSAY

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 MATILDA KELSAY  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased AUG 28 1858  
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace unk New Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name DAVID P. KELSAY

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

14. Maiden name SARAH B. IVANS

15. Birthplace unk  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Matilda Kelsay

(b) Address R. 1, Eldorado Springs, Mo

17. (a) Rural (b) Date thereof 2-11-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Pleasant (Cem)

18. (a) Signature of funeral director Wm. Sidors

(b) Address Eldorado Springs, Mo

19. (a) Feb 10, 1943 (b) Wesley Ludwig  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8  
year 1943 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from January 14 1943 to February 8 1943  
that I last saw him alive on January 30 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic Valvular Heart Disease ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy None

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 J. R. Williams (M. D. or other)

Address Eldorado Springs Date signed 2-9-43

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

District Health Office No. 7  
District File Number 2-43-80  
Date Filed 3-8-43

**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.....

Body not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed M. J. Quinn

Licensed Embalmer No. 2834

P. O. Address Edwards Ave. No.

**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.**