

DEPARTMENT OF COMMERCE

STATE DEPARTMENT OF HEALTH

Division of Vital Statistics

State Office No.

18553

Bureau of the Census **FILED JUN 9 1943** 249 Certificate of Death 5844

1. PLACE OF DEATH:

(a) County Nodaway Township Quedgra

(b) City or Town _____
(If outside city or town write RURAL NEAR and give town)

(c) Hospital or Institution: Name and Street Address _____

(d) Length of stay in Hospital or Inst. (yrs. mos. and days) _____

In this community (yrs., mos. and days) _____
Do not include length of stay at usual home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
For newborn infant give residence of mother

(a) State _____ (b) County _____ 74

(c) City or town _____
(If outside city or town limits write RURAL NEAR and give town)

(d) Street No. _____
(If rural give LOCATION) 0

(e) Citizen of foreign country _____ (yes or no)

If yes, name of country _____

3. (b) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Judy Kelley

3. (c) Social Security Account Number _____

4. Sex M

5 Color or Race White

6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Mayme Kelley

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Dec. 11 - 1883

8. Age

Years	Months	Days	If less than 1 day
<u>57</u>	<u>5</u>	<u>8</u>	hrs. min.

9. Birthplace Wesley, Kansas
(Town, county, and state or foreign country)

10. Usual Occupation Farmer

11. Industry or business Robert Kelley

12. Name Page Co.

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

14. Name Elly Baker

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

16. (a) Informant's own signature Mayme Kelley

(b) Address Elmo, Mo.

17. (a) Burial, cremation, or removal (specify) _____ (b) Date thereof May 17 43
(Month) (Day) (Year)

(c) Place of burial or cremation Braddyville, Iowa
Location Braddyville, Ia.

18. (a) Signature Foy E. Harrison

(b) Address Clarinda, Ia. (c) License No. 1067

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943, at _____ M. _____
(Month, WRITE OUT) (Day) (time)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 1943 to May 14 1943, and that I saw him alive on May 14 1943

Immediate cause of death Cerebral Thrombosis 11 days

Due to Arteriosclerosis

Due to Hypertension

Other conditions _____

(Include pregnancy within 3 months of death)

OPERATION: Date of _____

Of operation 83 hr

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) _____ (b) Date of _____
(Accident, suicide or homicide)

(c) Where did injury occur? _____
City or town) (County) (State)

(d) Injured at home, farm, industry, public place (where?) _____

(e) Injured at work? (Yes or no) _____

(f) means of injury _____

(g) Nature of injury _____

Physician
Please underline the cause to which the death should be ascribed

Funeral Director

MAJOR FINDINGS OF ACCIDENT, SUICIDE OR HOMICIDE

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIANS

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS

I, R. E. Harmon Licensed Embalmer No. 1067 hereby certify that
the body recorded on the reverse side of this certificate was embalmed by R. E. Harmon L. E.
No. 1067 or by _____ Registered student No. _____
working under my personal supervision.

Signed

R. E. Harmon
Licensed Embalmer No. 1067

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING.
(Failure to comply with the above constitutes grounds for revocation of license).

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 249Primary Registration District No. 5846

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Madaway
- (b) City or town Rural
(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 _____ (Specify whether _____)
years, months or days)3. (a) PRINT FULL NAME Guy Kelly

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec. 11 - 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days _____ If less than one day, _____ min.

9. Birthplace Atchison, Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) May 20 (b) Wm H & Carpenter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Madaway
- (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? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 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 _____

Due to _____

Other conditions _____
(Include 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 _____ (M. D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

S-18553