

FILED SEP 9 1943

Registration District No. **5296**
Primary Registration District No. **5296**

Registrar's No. **31-41**

1. PLACE OF DEATH:

(a) County **Clinton**

(b) City or town **Concord Township**
(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 **45 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clinton** ²⁵

(c) City or town **Concord Township**
(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 **Leroy Ashford Kelley**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **aug**, day **20**, year **1943**, hour **6**, minute **30 AM**

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married **2 divorced**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Oct 24 1856**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 11**, 19**43** to **Aug 20**, 19**43** that I last saw him alive on **Aug 10**, 19**43** and that death occurred on the date and how stated above.

8. AGE:

Years	Months	Days	If less than one day
86	10	26	hr. _____ min. _____

Immediate cause of death **Coronary Occlusion**

Due to _____

Due to _____

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

10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **None**

Of operations _____

Of autopsy **None**

11. Industry or business _____

12. Name **Richard Kelley**

13. Birthplace **Clinton Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Melissa Kelly**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Mary Shoemaker**

(b) Address **Platteburg Mo.**

17. (a) **Burial** (burial, cremation, or removal) (b) Date thereof **8/22/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Lathrop Mo.**

18. (a) Signature of funeral director **Tyler Funeral Home**

(b) Address **Platteburg Mo.**

19. (a) **8-31 43** (Date received local registrar) (b) **Mrs. G. C. Harrell** (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? _____

While at work? _____ (Specify type of place) (e) Manner of injury _____

23. Signature **[Signature]** (M. D. or other) **[Signature]**

Address _____ Date signed **Aug 21 1943**

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

005

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.....

Donell D. Lyon

Licensed Embalmer No. 3640

P. O. Address. *Plattsburg, Md*

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.