

FILED
AUG 23 1943

Registration District No. 128

Primary Registration District No. 5465

1. PLACE OF DEATH:

(a) County Greene
(b) City or town W. Campbell
(c) Name of hospital or institution: Pearl Nursing Home, Route 4
(d) Length of stay: In hospital or institution 25 Years
In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town W. Campbell
(d) Street No. Pearl Nursing Home, Route 4
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mose W. Kelton

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March 2 1864

8. AGE: Years ✓ 79 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Ava Missouri

10. Usual occupation Merchant

11. Industry or business

12. Name J.M. Kelton

13. Birthplace Unknown Unknown

14. Maiden name Martine Reynolds

15. Birthplace unk Tennessee

16. (a) Informant Geraldine Kelton

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof Aug. 3, 1943

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 8-3-43 (b) Dr. W. H. Audley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1943 hour 12 minute 15 p.m.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Aug 1 1943
that I last saw unk alive on July 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 years

Due to _____
Due to _____

Other conditions Paralysis of Legs years
(Include pregnancy within 3 months of death)

Major findings: 83 a1

Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____
(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 W. Bruton (M. D. or other) M.D.
Address Springfield Mo Date signed 8/7/43

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

39

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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.....

Walter E. Hamlett

Licensed Embalmer No.....

3808

P. O. Address.....

Springfield 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.