

ED NOV 12 1943 7

Registration District No. Primary Registration District No. 4218

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
407 E. Colorado
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Windsor
(If outside city or town limits, write "RURAL")

(d) Street No. 407 E. Colorado
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mrs. Lou C. Kelly

3. (b) If veteran, name war No.

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1943 hour 6:15 a minute M.

21. I hereby certify that I attended the deceased from June - 43
1943 to Sept. 22, 1943
that I last saw him alive on Sept. 22, 1943
and that death occurred on the date and hour stated above.

4. Sex Fe

5. Color or race White

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

6. (b) Name of husband or wife John M. Kelly

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

7. Birth date of deceased: Sept. 22 1856
(Month) (Day) (Year)

Immediate cause of death myocardial infarction

8. AGE: Years 87 Months 1 Days 1 If less than one day hr. min.

Due to.....

Due to.....

9. Birthplace: unknown Ohio
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 928

10. Usual occupation at home

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Melvin Ellis

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

14. Maiden name Mary Wilson

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

16. (a) Informant Otis Ellis

(b) Address Windsor, Missouri

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.....

17. (a) Burial (b) Date thereof 9-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) October 4, 1943 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

23. Signature H. M. Wallace (M. D. or other) MD

Address Windsor, Mo Date signed 9/23/43

RECEIVED

District Health Officer No. 7,

District File Number 10-43-1253

Date Filed 11-10-43

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.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Edell H. Hester

Licensed Embalmer No. 3391

P. O. Address. Windsor, 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.