

FILED FEB 14 1944

Registration District No. 175

Primary Registration District No. 3714

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Pineville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Pineville
(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 _____

3. (a) PRINT FULL NAME David Alonzo Kelley

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Pearl Kelley 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November 24, 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months _____ Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Falls City, Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney

11. Industry or business Same

MOTHER FATHER { 12. Name V.D. Kelley
13. Birthplace Not known Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mahala Bell Cook
15. Birthplace Not known Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. Nickle
(b) Address Pineville, Missouri

17. (a) Burial (b) Date thereof 12/8/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem.

18. (a) Signature of funeral director J.M. Humphrey
(b) Address Pineville, Missouri

19. (a) 12-10-43 (b) Dina Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th year 1943 hour 7:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Heart ailment

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

Major findings: Of operations 94 a
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? _____
(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 3

23. Signature J.M. Humphrey
Address Pineville, Mo. Date signed 1-1-44

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RECEIVED

District Health Officer No. 6;

District File Number 244-142

Date Filed FEB 1 1944

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 Barey Thompson.....

Licensed Embalmer No. 3259.....

P. O. Address Neosho 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.