

D.P. Roberts

State File No. \_\_\_\_\_

FILED FEB 13 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 4517

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Taney  
(b) City or town Branson  
(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 \_\_\_\_\_  
In this community 4 1/2 years (Specify whether years, months or days) 1-1-1942

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney  
(c) City or town Branson  
(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 James Warner Kelley  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1944 hour 5 a/c/m \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3 days prior to death and that death occurred on the date and hour stated above. I saw him alive on \_\_\_\_\_  
Duration \_\_\_\_\_

Immediate cause of death  
CHRONIC MYOCARDIAL FATI DEGENERATION

Due to HARTIC STENOSIS

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: None

Of autopsy None

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 9

23. Signature D.P. Roberts (M. D. or other) MD  
Address Branson Mo Date signed 1/22/44

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married 2 divorced widowed  
6. (b) Name of husband or wife Lucy Ann 6. (c) Age of husband or wife if alive 20 years  
7. Birth date of deceased Jan 17 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months \_\_\_\_\_ Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ohio (City, town, or county) \_\_\_\_\_ (State or foreign country) 1

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown  
13. Birthplace unknown \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) 9  
14. Maiden name unknown  
15. Birthplace unknown \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) 9

16. (a) Informant Bertie Kankas  
(b) Address Branson Mo

17. (a) Burial (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 1-22-44 (Month) (Day) (Year)  
(c) Place: burial or cremation Gene Tsp

18. (a) Signature of funeral director W. Beckers  
(b) Address Branson Mo

19. (a) Jan 30 '44 (Date received local registrar) (b) Mary Muller (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number 244-215

Date Filed FEB 15 1944

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**