

No. 2
-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10548

FILED APR 11 1944

Registrar's No. 92

Registration District No. 179

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(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 years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Callaway

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

(d) Street No. 309 N. W. 8th
(If rural, give location)

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

3. (a) PRINT FULL NAME James Kelley

3. (b) If veteran name was _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10th year 1944 hour 9 minutes 40 P.M.

21. I hereby certify that I attended the deceased from him Jan 22nd 1944 to March 9 1944 that I last saw him alive on March 9th 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Kizzy June

6. (c) Age of husband or wife if alive 18 1/2 years (Day) (Year)

7. Birth date of deceased June 6 1863 (Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis
Nephritis
bronchitis

Due to _____

Due to _____

8. AGE: Years 80 Months 6 Days 29 If less than one day hr. min.

Other conditions (include pregnancy within 3 months of death) Nephritis

Major findings Of operations 131 P

9. Birthplace Linwood, Camden Co. - Mo. (City, town or county) (State or foreign country)

10. Usual occupation Retired Miner

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business D.K.

12. Name D.K.

13. Birthplace D.K. (City, town or county) (State or foreign country)

14. Maiden name D.K.

15. Birthplace D.K. (City, town, or county) (State or foreign country)

16. (a) Informant Frank W. Logan

(b) Address 330 Albrook, So. Willow, Mo.

17. (a) Burial (b) Date thereof Mar 4-44 (Month) (Day) (Year) (Burial, cremation, or removal) (Yes)

(c) Place: burial or cremation So. Side Cemetery Fulton, Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

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? _____

18. (a) Signature of funeral director Eli Bell

(b) Address 17 N. 4th St. Fulton, Mo.

19. (a) 3-4-1944 (b) Joan M. Moushiff (Date received local registrar) (Registrar's signature)

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

23. Signature W. Richardson (M. D. or other) _____

Address Fulton Mo Date signed 3/4/44

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

14
2

14
9

MOTHER FATHER

1147

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 4-10-44

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..... *Eli Bell*

Licensed Embalmer *2/30*

P. O. Address..... *Fulton, 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.