

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14013

FILED MAY 1 1944

Registration District No. 37

Primary Registration District No. 5054

State File No. _____

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Barry Golden White

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 months (years, months or days)

3. (a) PRINT FULL NAME Sherman Kelly

3. (b) If veteran, name war _____

3. (c) Social Security No. 706-07-8319

4. Sex male race white

5. Color or race _____

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

6. (b) Name of husband or wife Mabel Kelly

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased July 22 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

35 7 3 _____ hr. _____ min.

9. Birthplace Murdell Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation saw mill workman

11. Industry or business _____

MOTHER FATHER { 12. Name James H. Keller

13. Birthplace Carroll County Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Lula Johnson

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

16. (a) Informant Mrs Mabel Kelly

(b) Address Eureka Springs Ark.

17. (a) _____ (b) Date thereof Mar 2 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murdell cemetery Ark.

18. (a) Signature of funeral director McBay Newton Funeral Service

(b) Address Eureka Springs Ark.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark. (b) County Carroll

(c) City or town Eureka Springs Ark.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
did not see him, was dead
that I last saw _____ live on _____ 19____
when I arrived.
and that death occurred on the _____ and hour stated above.

Immediate cause of death Probable coronary thrombosis

Duration _____

Due to _____

Due to _____

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

Major findings: _____

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? _____
(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 _____

23. Signature A. P. Carter (M. D. or other)

Address Eureka Springs Ark. Date signed 2-26

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

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.

*all Work Done in
Arkansas*

Signed..... *McJay*

Licensed Embalmer No. *723*

P. O. Address. *Eureka Springs, Ark.*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 19

Registration District No. 31

Primary Registration District No. 5054

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Golden White River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Sherman Kelly
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 23 1908
(Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Aug 1/44 (b) Ed Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day _____ year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

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

Major findings:
Of operations _____
Of autopsy _____

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 _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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