

X35897

FILED JUN 12 1944

Registration District No. **177**

Primary Registration District No. **3032**

Registrar's No. **65**

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Warrensburg**
(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 **48 years** (Specify whether years, months or days)

In this community **48 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson 51**

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

(d) Street No. **202 Madison**
(If rural, give location)

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

3. (a) PRINT FULL NAME **JAMES (JIM) KELBY**

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex **male** 5. Color or face **colored**

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

6. (b) Name of husband or wife **Maggie Kelby**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased: **June 14 1877**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	11	15	hr. _____ min. _____

9. Birthplace **Tipton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Man**

11. Industry or business _____

MOTHER FATHER { 12. Name **Will Kelby**

13. Birthplace **unknown 9**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maggie Kelby**

(b) Address **202 Madison**

17. (a) **Burial** (b) Date thereof **June 1, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **H. K. Wilcox**

(b) Address **Warrensburg Missouri**

19. (a) **June 1, 1944** (b) **Debra M. Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**
year **1944** hour **11** minute **20** A.M.

21. I hereby certify that I attended the deceased from **May 29**
1944 to **May 29** **1944**

that I last saw him alive on **May 29** **1944**
and that death occurred on the date and hour stated above

Immediate cause of death **aneurysm of aorta** ✓
Duration **24 yr**

Due to _____

Due to _____

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

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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 **Phel Cooper** (M. D. or other) **MD**
Address **Warrensburg MO** Date signed **5-31-44**

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

1 R O 1

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed: Samuel McGluey

Licensed Embalmer No. 3557

P.O. Address Warrensburg, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(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 _____
years, months or days

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 _____

3. (a) PRINT FULL NAME

James Jim Kelly

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased June 14 1897
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) No.

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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NEARLY 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 myocardial infarction of 2 yrs duration

Due to not due to syphilitic

Due to Kline & Kahn neg-

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

Major findings:
Of operations _____

Of autopsy 96

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 Rhe Cooper (M. D. or other) _____

Address Warrensburg Mo Date signed 6-13-44

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

SUPPLEMENTAL

MENTAL

18426