V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

Kelley

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25536

Registration District No. 225 | Primary Registration District No. 4462 | Registrar's No.

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

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town Wentzville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Cuwr. township
(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) Life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Charles
(c) City or town Wentzville 92
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Henry Kelley.
3. (b) If veteran, name war World war 1
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorotha Kelley.
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Dec 13 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	7	8	hr. min.

9. Birthplace Bardwell (City, town, or county) Mo. U (State or foreign country)
10. Usual occupation Dentist
11. Industry or business
FATHER
12. Name Michel Kelley
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Norton.
15. Birthplace Don't Know (City, town, or county) Don't Know (State or foreign country)
16. (a) Informant Dorotha Kelley.
(b) Address Wentzville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 44 (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville Mo.
18. (a) Signature of funeral director [illegible]
(b) Address Wentzville Mo.
19. (a) 7-29-44 (Date received local registrar) Gertrude S. Forstell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1944 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from July 21, 1944 to July 21, 1944 that I last saw him alive on 7/20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy.	7 hrs.
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 830	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Willie Murray (M. D. or other) MD
Address Wentzville, Mo. Date signed 7/30/44

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1944

AUG 24 1944

1944

JAN 26 1945

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-1-44

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 P. E. Peterson

Licensed Embalmer No. 2711

P.O. Address Wentzville, 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.