

FILED OCT 24 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 806

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
615 Cherry St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 615 Cherry St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Herbert Kelsay

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

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Carrie Nell Kelsay  
6. (c) Age of husband or wife if alive UNK. years  
7. Birth date of deceased June 23, 1887  
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Painter

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

MOTHER FATHER { 12. Name William Kelsay  
13. Birthplace unk. (City, town, or county) (State or foreign country)  
14. Maiden name Frances Kelsay  
15. Birthplace unk. (City, town, or county) (State or foreign country)

16. (a) Informant Carrie Nell Kelsay  
(b) Address 615 Cherry, Springfield, Mo

17. (a) Burial (b) Date thereof 10-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Edw. C. Phine  
(b) Address 1100 Boonville Ave. Springfield, Mo

19. (a) 10-7-44 (b) W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7  
year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9, 16, 44 19 to 10, 6, 44 19;  
that I last saw him alive on 10, 6, 44 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer stomach  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Had teeth ext. 9, 15, 44  
(Include pregnancy within 3 months of death)  
and lost lots of blood.

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature W. Handley (M. D. or other) \_\_\_\_\_  
Address 10, 7, 1944 - Springfield, Mo

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

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

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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..... *Fred C. Thieme* .....

Licensed Embalmer No. *2899* .....

P. O. Address..... *Springfield, 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.**

*X*