

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2912

FILED FEB 5 1945
Registration District No. 220

Primary Registration District No. 5792

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California Rural
(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 Life time years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 16th
year 1945 hour 3 minutes 35 A.M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
7. Birth date of deceased: Sept 29 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1942 to Jan. 16 1945
that I last saw him alive on Dec 16 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 3 Days 17 If less than one day _____ hr. _____ min.

Immediate cause of death: Chronic Myocarditis
Due to _____ Duration 2 yrs

9. Birthplace: California Mo
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: 930
Of operations _____
Of autopsy _____

10. Usual occupation Farmer
11. Industry or business _____
12. Name James Kelsay
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Grace Fisher
15. Birthplace Ky
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Harry Medler
(b) Address California Mo.
17. (a) Burial (b) Date thereof 1-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Burial
18. (a) Signature of funeral director Russell
(b) Address Russellville Mo.
19. (a) Jan 20 (b) Margaret Martine
(Date received local registrar) (Registrar's signature)

23. Signature Walter Leele (M. D. or other)
Address Russellville Mo Date signed: 1-17-45

872

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 97

District File Number.....

Date Filed 2-3-45

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 *W. H. Stephens*

Licensed Embalmer No. 2307

P. O. Address Russellville, 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.