

U. S. No. 2
DOM-43
Rev. 5-17-39
X36671

FILED FEB 28 1945

State File No. _____

Registration District No. 13

Primary Registration District No. 6058

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Barry "Rural"

(b) City or town Monett on Highway 60
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None Monett Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Perl Edward Kelley

3. (b) If veteran, name war None

3. (c) Social Security No. 491-12-3644

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 24 1912
(Month) (Day) (Year)

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

32 6 17 hr. min.

9. Birthplace Cariciana Barry Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Clerical work at Campbell

11. Industry or business Part Engineer's Office

12. Name Ambrase Kelley

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Aida Coatsney

15. Birthplace Pineau Barry Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray Allen

(b) Address 1110 Bond St. Monett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1945
(Month) (Day) (Year)

(c) Place: burial or cremation 2007 Ave. Monett Mo.

18. (a) Signature of funeral director Callaway's

(b) Address Monett Mo

19. (a) Feb-14-1945 (Date received local registrar) (b) Audna Willoughby (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 102 - 10th St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1945 hour about 1 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Neck

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 1700 g

Of operations _____

Of autopsy _____

Duration _____

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) Accident

(b) Date of occurrence 2/11/45

(c) Where did injury occur? near Monett Barry Mo
(City or town) (County) (State)

(d) Did injury occur in- or about home, on farm, in industrial place, in public place? Highway 60 E. of Monett Mo

While at work? no (Specify type of place) (e) Means of injury Car

23. Signature Frank W. Kelley (M. D. or other) _____

Address Monett Mo Date signed 2/12/45

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed

FEB 26 1945

MAR 2 1945

DEC 10 1945

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.

FFB 29 1945

Signed

J. W. Buchanan

Licensed Embalmer No.

3179

P. O. Address

Monett 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.