S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6873

State File No.

Registration District No. 2/8

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Pike Co Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

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

(d) Street No. R 2 2
(If rural, give location)

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME Ollie J Kelly

3. (b) If veteran, name war No

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 Bertha Holland

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 5/19-80 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Pike Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Wm Vincent Kelly
13. Birthplace Pike Co (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Selena Scott
15. Birthplace Pike Co (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mr John Kelly
(b) Address Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4-45 (Month) (Day) (Year)
(c) Place: burial or cremation Clarksville Mo

18. (a) Signature of funeral director F C Haley Jr
(b) Address Louisiana Mo

19. (a) 2/5-45 (Date received local registrar) (b) F C Haley Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 2 year 1945 hour 11 minute 45 p M.

21. I hereby certify that I attended the deceased from Jan 29, 1945 to Feb 2, 1945 that I last saw him alive on Feb 1st, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolism heart	Died at once
Due to Appendectomy Jan 29-45	3 days
Due to Appendicitis Jan 29-45	[illegible]

Other conditions
(Include pregnancy within 3 months of death)

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 E M Bailey (M. D. or other)
Address Clarksville Mo Date signed 2/3/45

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1945

RECEIVED
District Health Officer, No. 10
District File Number 3-45-451
Date Filed MAR 8 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 George O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3772

P. O. Address Louisiana, 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.