

FILED JUN 6 1945

Registration District No. _____

Primary Registration District No. 415-8

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Buffalo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 yrs years, months or days

3. (a) PRINT FULL NAME WILLIAM MACK KELLEY

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

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 alive _____ years

7. Birth date of deceased Jan 4 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation gardener

11. Industry or business _____

12. Name unknown

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Boothe

(b) Address Buffalo, Mo

17. (a) Burial (b) Date thereof 5-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Comfort L. B. Jones

18. (a) Signature of informant Paul Boothe

(b) Address Buffalo, Mo

19. (a) 6-1-45 (b) L. B. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas
(c) City or town Buffalo 30
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1945 hour 5 minute 45 W.P. M.

21. I hereby certify that I attended the deceased from May 12, 1945 to May 16, 1945.
that I last saw him alive on May 15, 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Hypertensive Heart Disease ?

Due to _____

Other conditions. (Include pregnancy within 3 months of death) _____

Major findings: Of operations gja

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Bennett (M. D. or other) D. O.

Address Buffalo, Mo Date signed 6/1/45

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

MOTHER FATHER

1571

RECEIVED

Officer No. 7,

5-45-491

Date Filed

6-3-48

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

Ronald Blum

Licensed Embalmer No.

2508

P. O. Address

Buffalo NY

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.