V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23493

FILED AUG 13 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 817

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 yrs 8 mo 22 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dekalb 11

(c) City or town Osborn 1
(If outside city or town limits, write "RURAL")

(d) Street No. 7
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Chas Kelly

3. (b) If veteran, name war .....

5. (c) Social Security No. .....

4. Sex M C

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased July (Month) 3 (Day) 1880 (Year)

8. AGE: Years 65 Months 0 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation farmer

11. Industry or business .....

FATHER
12. Name J. D. Kelly
13. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Annie Robinson
15. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Alice Kratzer
(b) Address Osborn Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof July 30 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant

18. (a) Signature of funeral director F. T. Lyons
(b) Address Stewartsville Mo

19. (a) 7-30-45 (Date received local registrar) (b) Helen J. Tickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1945 hour 1 minute 1 A M.

21. I hereby certify that I attended the deceased from July 24-45, 19.., to July 28, 1945 that I last saw him alive on July 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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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. Shusk (M. D. or other)

Address State Hosp. #2 Date signed 7/28/45

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(Licensed Embalmer's Statement on Reverse Side)

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 F. G. Lyon

Licensed Embalmer No. 952

P. O. Address Stewartsville 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.