

FILED AUG 14 1945
Registration District No. **3040**

Primary Registration District No. **3040**

1. PLACE OF DEATH:
 (a) County Livingston
 (b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Chillicothe Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME John E. Kelly
 (b) If veteran name war ✓
 (c) Social Security No. ✓

4. Sex M 5. Color or race wh
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Christa Kelly
 (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased May 1 - 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 27
 If less than one day hr. min.

9. Birthplace: Schuyler Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business:

MOTHER FATHER
 { **12. Name:** John Kelly
 { **13. Birthplace:** Ill
(City, town, or county) (State or foreign country)
 { **14. Maiden name:** Mary Lane
 { **15. Birthplace:** Ill
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs John Kelly
 (b) Address Praymer, Mo

17. (a) Burial (b) Date thereof 6/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Black Oak Cem.

18. (a) Signature of funeral director: Edward J. Mead
 (b) Address Praymer, Mo

19. (a) 6/29/45 (b) L. A. Wilhauser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Caldwell 13
 (c) City or town Praymer, Rural Lewis & Clark
(If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
 year 1945 hour 4:42 minute _____ M.
21. I hereby certify that I attended the deceased from June 8
 1925, to June 28, 1945
 that I last saw him alive on June 28, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from stomach
 Due to Gastric ulcer
Erosion

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations X 18:2 X
 Of autopsy _____

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)

23. Signature: Paul Brennan (M.D. or other)
 Address Praymer, Mo Date signed 6/28/45

Duration 1 mo
 ?
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

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

Dennard F. Mead

Licensed Embalmer No.

2801

P. O. Address

Prayner, 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.