

FILED SEP 12 1945
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 940

1. PLACE OF DEATH:

(a) County Buehaway

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

(c) Name of hospital or institution 2419 Messourie
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community abt 10 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buehaway

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

(d) Street No. 2419 Messourie St.
(If Rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME HENRY-M-KELLEY

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1945 hour _____ minute 7

21. I hereby certify that I attended the deceased from _____ to _____

4. Sex Male 5. Color or race Wht

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

6. (b) Name of husband or wife Beatrice 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 24 1876
(Month) (Day) (Year)

that I last saw him alive on Sept 1st 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

8. AGE: Years 69 Months 5 Days 8 If less than one day hr. _____ min. _____

Due to old age

Due to _____

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

10. Usual occupation Ret. Farmer

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

Major findings: none

Of operations _____

Of autopsy ABP

MOTHER FATHER

12. Name James F Kelley

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

14. Maiden name Mary Elizabeth Davis

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

16. (a) Informant Walter G. Kelley

(b) Address 1428 E. 1st St. St Joseph Mo

17. (a) (b) Date thereof Sept 7 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Proprietor Mo

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? _____

18. (a) Signature of funeral director Blaney Funeral Home While at work (Specify type of place)

(b) Address St Joseph Mo (c) Means of injury _____

19. (a) Sept 5, 1945 (b) R. J. Wenzel (M. D. or other) M.D.
(Date received local registrar) (Registrar's signature) Date signed MO. 6. 5

23. Signature R. J. Wenzel (M. D. or other) M.D.

Address 117 1/2 E. 8th St Date signed MO. 6. 5

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

Dr Menzies
117th St 8th

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 John Roy Stacey

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.