

S. No. 2  
A-8-43  
5-17-39  
P-I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2136**

**FILED** JAN 19 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 3

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: 704 204  
(If not in hospital or institution, write street number or location)

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

In this community 29 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan

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

(d) Street No. 704 204  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN CLARENCE KELLEY

3. (b) If veteran, name war no

3. (c) Social Security Had applied but had not received number

4. Sex Male 5. Color Wtd race Wtd

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

6. (b) Name of husband or wife Grace M.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 6 1893  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd year 1946 hour 4:00 minute A.M.

I hereby certify that I attended the deceased from Dec 16 1945 to Jan 2nd 1946

that I last saw him alive on Jan 1st 1946 and that death occurred on the 2nd and hour stated above.

8. AGE: Years 52 Months 10 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Holt Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Paper hanger & Painter

Immediate cause of death Lobar pneumonia 7 days

Due to Influenza 19 days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER, FATHER

11. Industry or business \_\_\_\_\_

12. Name Charles Kelley

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

14. Maiden name Worley

15. Birthplace MO 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Kelley

(b) Address R St Joseph MO

17. (a) \_\_\_\_\_ (b) Date thereof 1-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holt Co Burial

18. (a) Signature of funeral director Plains Funeral Home

(b) Address St Joseph MO

19. (a) Jan 3 1946 (b) W. H. Westbrook  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

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) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature L. H. Beck M.D. (M. D. or other) \_\_\_\_\_

Address King Hill Mo St Joseph MO Date signed 1/2/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1946

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 Stoney*

Licensed Embalmer No.

*2435*

P. O. Address

*Al Jeph*

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.