No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14019

Registration District No. 268 Primary Registration District No. 5906 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural - Portageville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Little River Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Two weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot 78

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Peter Kelley

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Annie B. Kelley

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept (Month) 9 (Day) 1874 (Year)

8. AGE: Years 71 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) S.C. (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name Peter Kelley
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant NATHAN Kelley
(b) Address Portageville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Mo

18. (a) Signature of funeral director Wayne A. Lisle
(b) Address Portageville Mo

19. (a) 4-22-1946 (Date received local registrar) (b) Mrs. W. A. Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1946 hour 5 pm minute M.

21. I hereby certify that I attended the deceased from Feb 1946 to April 6 1946
that I last saw him alive on Sept 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Heart trouble

Due to Old age

Due to

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

Major findings:
Of operations ✓
Of autopsy ✓

Duration

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 Geo. T. McPherson (M. D. or other)

Address Jones & City Ave Date signed April 14, 46

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(Licensed Embalmer's Statement on Reverse Side)

4-46-103

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. Leonard John Vargo

Licensed Embalmer No. 4336

P. O. Address. Portageville 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.