7. S. No. 2
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ev. 5-17-39
o. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19983

FILED JUL 1 1946

Registration District No. 1478 Primary Registration District No. 2-009 Registrar's No. 508

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: St. Johns Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)

In this community 1 Year

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield (Rural) 1 Campbell Twp
(If outside city or town limits, write "RURAL")

(d) Street No.: Route # 11 Box 250
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: James F. Kelly

3. (b) If veteran, name war: No

3. (c) Social Security No.: UNK-

4. Sex: Male 1

5. Color or race: White

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

6. (b) Name of husband or wife: Evelyn Kelly

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

7. Birth date of deceased: July 12, 1898 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	11	1	hr. min.

9. Birthplace: Unionville (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation: Stationary Fireman

11. Industry or business

FATHER
12. Name: John Kelly 5
13. Birthplace: UNK- (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 6

16. (a) Informant: Mrs. James F. Kelly
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 6-15-46 (Date received local registrar) (b) O W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1946 hour 3:00 minute p. M.

21. I hereby certify that I attended the deceased from June 5, 1946 to June 13, 1946 that I last saw him alive on June 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1. Uremia	4 mos.
Due to Acute & chronic nephritis, nephrosis	
Due to Vesiculitis, prostatic obstruction.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1 3 1 6	
Of autopsy No autopsy	

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) 0
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other) M.D.
Address: Springfield, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

18857

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

Roy H. Mercer Jr., Registered Apprentice No. 380,

working under my personal supervision.

Signed Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.