

FILED JUL 15 1946

State File No. \_\_\_\_\_

Registration District No. 278

Primary Registration District No. 5953

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Rural Buffalo Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Near Stark  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Rural Louisiana  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Stark  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LULA ALAFAIR KELLY

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Joseph Roy Kelly 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased April 17 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 1 27 hr. min.

9. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER  
12. Name Thomas E Triplet  
13. Birthplace UNKNOWN Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel E Wicks  
15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Roy Kelly  
(b) Address Louisiana Missouri

17. (a) Burial (b) Date thereof June 16, '46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksville Cemetery  
Garner & Sterne

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Louisiana Missouri

19. (a) June 16, 1946 (b) Margaret E. Stephens  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 14th  
year 1946 hour 2 minute P M.  
21. I hereby certify that I attended the deceased from March  
1945 to June 14 1946  
that I last saw him alive on June 14 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to second attack

Due to High blood pressure

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury (1)

23. Signature E M Bartlett (M. D. or other) \_\_\_\_\_  
Address Clarksville Mo Date signed 6/15/46

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

RECEIVED

District Health Officer No. 10

District File Number 7-46-1353

Date Filed JUL-12-1948

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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.....

.....  
working under my personal supervision.

....., Registered Apprentice No.....

Signed Harold J. Garman

Licensed Embalmer No. 3720

P. O. Address Louisiana, 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.**