

U. S. No. 2
FORM-5-43
Rev. 5-17-39
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39000

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 24 1946

Registration District No. 79

Primary Registration District No. 3008

Registrar's No. 406

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
515 Vine St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: 30 years in hospital or institution. (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Massari (b) County Callaway

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

(d) Street No. 515 Vine St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Patrick Joseph Kelly

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Lois Kelly

6. (c) Age of husband or wife if alive 47 1/2 years

7. Birth date of deceased Jan. 25, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 10 21 _____ hr. _____ min.

9. Birthplace High-Walker-on-the-Tyne, England
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business _____

12. Name Michael Kelly

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

14. Maiden name Margaret Coady

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

16. (a) Informant Lois Kelly

(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof 12-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

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

(b) Address Fulton, Mo.

19. (a) 12-18-1946 (b) Josie Mousakhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1946 hour six minute 4 M.

21. I hereby certify that I attended the deceased from _____
that I last saw him _____
and that death occurred on the date and hour stated above.
Immediate cause of death: some sort of heart failure
possibly a Coronary Thrombosis

Due to following a paralytic condition of some

Due to 7 yrs. standing

Other conditions: Had several strokes
(Include pregnancy within 3 months of death)

Major findings: some mild degenerative

Of operations: this period

Of autopsy _____

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? _____

while at work? _____ (Specify type of place)

(e) Means of injury Car

23. Signature M. J. Barrett (M. D. or other) _____

Address Fulton Date signed 12/16/46

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-23-46

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 *Wenzel P. Browning*
Licensed Embalmer No. *2724*
P. O. Address *Hullon 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.