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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 11 1947**  
Registration District No. 190

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
5709  
5790

State File No. 1728  
Registrar's No. 7

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

1. PLACE OF DEATH:  
(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural-Wheeling 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 5 months  
years, months or days)

3. (a) PRINT FULL NAME Grant Kelsey  
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 Widowed  
6. (b) Name of husband or wife Hanna Kelsey  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 12 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 6 12  
hr. min.

9. Birthplace Stylesville Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name William O. Kelsey  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Nanch Shrewsberry  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie Breneman

(b) Address Whelling, Missouri-R. F. D.

17. (a) Burial (b) Date thereof 1-26-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meadville Cemetery

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

(b) Address Chillicothe, Missouri

19. (a) 1/27/47 (b) Ma Bertha Bone  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Linn  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles South Meadville  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 24th  
year 1947 hour 4 minute 30 P. M.  
21. I hereby certify that I attended the deceased from not  
1946 to Jan. 24 1947  
that I last saw him alive on Jan 24  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure  
Due to mitral insufficiency

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy gs B

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 2

23. Signature A. A. Bryan (M. D. or other) DO

Address Wheeling, Mo. Date signed 1/27/47

174

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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 Esten S. Norman.

Licensed Embalmer No.....

P. O. Address.....

**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.**