

FILED MAR 21 1947

Registration District No. 177

Primary Registration District No. 4235

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Annapolis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution life (Specify whether

In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Annapolis
(If outside city or town limits, write "RURAL.")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William Jasper Kelly

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alice Kelly 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased July 8 1878
(Month) (Day) (Year)

8. AGE: 68 Years 7 Months 26 Days If less than one day
hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Lee Kelly
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Francis E. Knight
15. Birthplace Batesville Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Cisero Kelly
(b) Address Annapolis Missouri

17. (a) burial (b) Date thereof 3-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Minimum Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Excel Park, Annapolis Missouri

19. (a) 3-15-47 (b) Miss Ann Jones
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 4
year 1947 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3-3
to 3-4 1947

that I last saw him alive on 3-3-47
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

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 _____

23. Signature William J. Jones (D. or other) _____
Address Eastern Ave 440 Date signed 3/15/47

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 4

Phone Number 347-381

Date 3-30-42

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 Russell White

Licensed Embalmer No. 3012

P. O. Address Portland, Me.

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.