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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 14 1947**

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

**21618**

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

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 260

**1. PLACE OF DEATH:**

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Levering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. # 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Richard Kelley

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 Bessie Ruth 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased November 1, 1893  
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Alvin Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Standard Oil Company

12. Name James Kelley

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

14. Maiden name Margaret Elizabeth Malcom

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

16. (a) Informant Mrs. Richard Kelley

(b) Address R R 1, Hannibal Missouri

17. (a) Burial (b) Date thereof 7-9-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Bk

18. (a) Signature of funeral director W. Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 7-10-47 (b) W E M Lucka  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 7  
year 1947 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 7, 1947  
to July 7, 1947  
that I last saw him alive on July 7 1947  
and that death occurred on the date and hour stated above. 1947

Immediate cause of death Coronary thrombosis

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: 94A  
Of operations \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J J Free M D (M. D. or other)

Address Polunpa, Mo Date signed 7/8/47

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

MOTHER FATHER

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *W. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

**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.**