

No. 2
-12-45
-5-17-39
X47070

FILED AUG 26 1947

Registration District No. **316**

Primary Registration District No. **4462**

Registrar's No. **278**

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town ELVINS
(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 _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Joseph K. Kelly

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

6. (a) ~~Single~~, ~~widowed~~, married, /

6. (b) Name of husband or wife Lyda A. Kelly

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Feb 20 1857
(Month) (Day) (Year)

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

90 5 23 hr. min.

9. Birthplace Wayne County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farm

11. Industry or business SELF

MOTHER FATHER

12. Name Noah B. Kelly

13. Birthplace Wayne County, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Pigg

15. Birthplace Wayne County, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lyda A. Kelly

(b) Address ELVINS, MO

17. (a) Burial (b) Date thereof Aug 15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foof Burial, Mo

18. (a) Signature of funeral director Spa & S. Funeral Home

(b) Address Flat River, Mo

19. (a) 8-16-47 (b) Ether R. Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town ELVINS
(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

20. DATE OF DEATH: Month Aug day 13th
year 1947 hour 4:00 minute A.M.

21. I hereby certify that I attended the deceased from Aug 10, 47
19____, to Aug 13, 1947.

that I last saw him alive on Aug 10, 1947, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Old age

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration 3 days

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? _____

23. Signature Daily Appberry (M. D. or other) _____
Address River Mines, Mo Date signed 8-15-47

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

RECEIVED

District Health Officer No. 4

District File Number 847-108

Date Filed 8-25-47

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 *Murphy L Sparks*
Licensed Embalmer No. 4236
P. O. Address *Hat River, 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.