

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31033

Registration District No. 140 Primary Registration District No. 8024 Registrar's No. 54

1. PLACE OF DEATH:
(a) County Howard
(b) City or town FAYETTE
(c) Name of hospital or institution:
507 Spring St Fayette, Mo.
(d) Length of stay: 5 YEARS
In this community 5 YEARS

3. (a) PRINT FULL NAME John Franklin 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, divorced Widower
6. (b) Name of husband or wife Lulu Louise Kelly
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased JUNE 26 1863

8. AGE: Years 84 Months 2 Days 10
If less than one day hr. min.

9. Birthplace UNKNOWN PENNSYLVANIA

10. Usual occupation FARMER

11. Industry or business

12. Name Joseph D. Kelly
13. Birthplace UNKNOWN
14. Maiden name ELIZABETH
15. Birthplace UNKNOWN

16. (a) Informant Maynard Kelly
(b) Address 307 Spring Fayette, Mo.

17. (a) Burial (b) Date thereof —

(c) Place: burial or cremation PLEASANT HILL, MO.

18. (a) Signature of funeral director Allen W. Brownfield

(b) Address Pleasant Hill, Mo.

19. (a) 9-20-1947 (b) Doyle J. ...

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town FAYETTE
(d) Street No. 507 Spring
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 11
year 1947 hour 10 minute 40 P.M.
21. I hereby certify that I attended the deceased from Sept. 11 1947
that I last saw him alive on SEPT 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute congestive Heart Failure
Duration 3 hours

Due to
Due to
Other conditions

Major findings:
Of operations
Of autopsy
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?
(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 Francis J. ... (M. D. or other)
Address Lee Hospital Fayette, Mo Date signed 9-12-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-7-47

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.....

Glen A. Hill

....., Registered Apprentice No. 8

working under my personal supervision.

Signed Allen Brunner

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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.