

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Ellisville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Sunset Sanitarium  
(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 James 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 Lueller M. Kelly  
 6. (c) Age of husband or wife if alive. 79 years  
 7. Birth date of deceased. November 25 1866  
(Month) (Day) (Year)

8. AGE:  
 Years 80 Months 9 Days 24  
 If less than one day hr. min.

9. Birthplace. Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER

12. Name Benjamin Kelly  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Amelia Carrico  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roger Shaw  
 (b) Address Wellsville, Mo.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 9-22-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Warren Co., Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.

19. (a) 9-22-47  
(Date received local registrar) (b) Robert E. Kuegel  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Lincoln  
 (c) City or town Warrenton  
(If outside city or town limits, write "RURAL")  
 (d) Street No. ....  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 19  
 year 1947 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from SEPT. 17  
 1947, to SEPT. 19, 1947;  
 that I last saw him alive on Sept. 18, 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, left lower lobe  
 Duration 3 days

Due to.....  
 Due to.....  
 Other conditions hemiplegia, left, old  
(Include pregnancy within 3 months of death) 23 years

Major findings: no operation  
 Of operations.....  
 Of autopsy no autopsy

**PHYSICIAN**  
 Underline the cause of 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.....  
 23. Signature Robert E. Kuegel (M. D. no)  
 Address 31 N. Brentwood, Clifton 5, Mo. Date signed 9-20-47

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

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

*Elmer R. Cadwell*

Licensed Embalmer No. 4077

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.