S. No. 2
—12-45
5-17-39
PI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42739

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 292

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town "Rural" Dardenne Twsp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. 2 -- St. Charles /
(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 St. Charles 92
(c) City or town "Rural" Dardenne Twsp 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 2 -- St. Charles 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John F. Kelly

3. (b) If veteran, name war NIL
3. (c) Social Security No. NIL

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Margaret(Milet)Kelly, deceased
6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 26 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Richmond, Indiana /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith

11. Industry or business

FATHER
12. Name Timothy Kelly
13. Birthplace Richmond Indiana /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bridget Golden
15. Birthplace Richmond Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph M. Kelly
(b) Address R.R. 2-St.Charles, Mo.

17. (a) burial (b) Date thereof Dec 27-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter Cemetery St. Charles, Mo.

18. (a) Signature of funeral director H.C. Dallmeyer + Sons Co
(b) Address 800 N. 2nd-St.Charles, Mo.

19. (a) Dec 27-47 (b) E.A. Keithley
(Date received local registrar) (Registrar's signature) 2/20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1947 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from April 1947 to Dec 23 1947
that I last saw him alive on Dec 23 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chr bronchiectasis c̄ empyema	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (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 0

23. Signature Lawrence S Behan (M. D. ~~or other~~)
Address O'Fallon, Mo. Date signed 12/26/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/5/42

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 Herbert C. Dallmeyer, Registered Apprentice No. 429, working under my personal supervision.

Signed Joseph T. Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles 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.