

No. 2
-1/47
-17-39

National Office of Vital Statistics

FILED MAR 8 1948

Registration District No. **133**

Primary Registration District No. **5484**

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

1. PLACE OF DEATH:

(a) County..... **Harrison**

(b) City or town..... **Rural Butler Twp**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo** (b) County..... **Harrison 41**

(c) City or town..... **Rural**
(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.....

3. (a) PRINT FULL NAME..... **Tasevell Francis Kelly**

3. (b) If veteran, name war.....

3. (c) Social Security No. **1**

4. Sex..... **Male** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **White Oak Twp**

6. (c) Age of husband or wife if alive..... **19** years

7. Birth date of deceased..... **June 19 1872**
(Month) (Day) (Year)

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

75 7 25 hr. min.

9. Birthplace..... **White Oak Twp H.C. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Farmer**

11. Industry or business.....

12. Name..... **Francis Kelly**

13. Birthplace..... **Mo Kan.** 9
(City, town, or county) (State or foreign country)

14. Maiden name..... **Tabitah J. Mace**

15. Birthplace..... **Mo Kan.** 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Barbara Kelly**

(b) Address..... **McFall Mo**

17. (a) **Burial** (b) Date thereof **2-17-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **MT Zion Cemetery**

18. (a) Signature of funeral director..... **Joe E. Wheeler**

(b) Address..... **Butler Mo**

19. (a) **Feb 17-48** (b) **Zola Bessie**
(Date received local registrar) (Registrar's signature)

Jefferson City Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Feb** day..... **14**
year..... **1948** hour..... **11** minute..... **A** M.

21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Thrombosis**

Due to.....

Due to.....

Other conditions..... **gulf**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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?..... (Specify type of place)

While at work?..... Means of injury..... **Coroner**

23. Signature..... **Joe E. Wheeler** (M. D. or other)
Bithay Mrs Date signed **2-17-1948**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 _____

Joe E. Wheeler

Licensed Embalmer No. _____

3512

P. O. Address _____

Anthony Rd

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.