

No. 2
-1/47
-17-39

National Office of Vital Statistics

FILED APR 21 1948
Registration District No. **174**

Primary Registration District No. **5564**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural
(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 Missouri (b) County Madison

(c) City or town rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 miles east of Minimum
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul Edward Kelley

3. (b) If veteran, name war World War 11

3. (c) Social Security No. _____

4. Sex male race white

5. Color or race _____

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 19 1925
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
by coroners duties _____ 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Asphyxiation by motor vehicle exhaust gas

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autops: _____

Duration _____

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>22</u>	<u>4</u>	<u>13</u>	_____ hr. _____ min.

9. Birthplace Madison Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Jeff Kelley

13. Birthplace Madison Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Shoemaker

15. Birthplace Jewett Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jeff Kelley

(b) Address Jewett Missouri

17. (a) burial (b) Date thereof 4-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jewett Missouri

18. (a) Signature of funeral director White Funeral Home

(b) Address White Ironton Missouri

19. (a) 4/12/48 (b) Anna Kelley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence April 2nd. 1948

(c) Where did injury occur? Iron Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public highway
While at work? no (Specify type of place) (e) Means of injury _____

23. Signature Chas Hampton (M. D. or other) 3
Address Annapolis Missouri Date signed 4-5-48

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

MOTHER FATHER

62
0
0
1

RECEIVED

District Health Officer No. 4

District File Number 448-526

Date Filed 4-20-48

APR 23 1948

APR 30 1948

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 Russell White

Licensed Embalmer No. 2012

P. O. Address Winton Ave

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.