FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 22 1948

Registration District No. 242

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5830

20219
State File No.

Registrar's No. 54

1. PLACE OF DEATH:
(a) County: New Madrid
(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 years, months or days)
In this community: 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: New Madrid 72
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL") 3
(d) Street No.: 2 miles South of Morehouse 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: William H. Kelley
3. (b) If veteran, name war: x
3. (c) Social Security No.: 489-14-8552
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Ida M. Kelley
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: 1 (Month) 26 (Day) 1892 (Year)

8. AGE: Years 56 | Months 3 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) Ala. (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: .....
FATHER
12. Name: John Kelley
13. Birthplace: Unknown (City, town, or county) Ala (State or foreign country)
MOTHER
14. Maiden name: Lina Wallace
15. Birthplace: Unknown (City, town, or county) Ala (State or foreign country)
16. (a) Informant: William T. Kelley
(b) Address: Sikeston, Mo. R.F.D. #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston, Mo.
18. (a) Signature of funeral director: H. W. Albritton
(b) Address: Sikeston, Mo.
19. (a) June 17, 1948 (Date received local registrar) (b) Thomas M. Sheeter (Registrar's signature) 220

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14 year 1948 hour 5 minute 8 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.

	Duration
Immediate cause of death: shot self with Pistol in heart	
Due to: Suicide	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of 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): Suicide
(b) Date of occurrence: 5/14-48
(c) Where did injury occur? New Madrid (City or town) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury: Pistol
23. Signature: Leo Hedgpeth (M. D. or other) Coroner
Address: New Madrid Mo. Date signed: 5/17-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No.
District File Number 6-48-78
Date Filed 6-19-4

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 John Allritton

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.