

1. PLACE OF DEATH:  
 (a) County Polk  
 (b) City or town Baldwin, Mo  
 (c) Name of hospital or institution:  
316 East Olive St. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 45 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Polk  
 (c) City or town Baldwin  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 316 East Olive  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country None

3. (a) PRINT FULL NAME Sidney Grant Kelley  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 4  
 year 1948 hour 6 minute 0 M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Margaret E. Kelley  
 6. (c) Age of husband or wife if alive deceased  
 7. Birth date of deceased Feb 7 1865  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1948 to Oct 4 1948  
 that I last saw him alive on Oct 3 1948  
 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 7 Days 27  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death chronic myocarditis  
with heart failure  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Produce Dealer

11. Industry or business Poultry and Eggs

12. Name George Washington Kelley

13. Birthplace Epigenial Virginia  
 (City, town, or county) (State or foreign country)

14. Maiden name Julia Johnson

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

16. (a) Informant George Kelley

(b) Address Baldwin Mo

17. (a) Burial (b) Date thereof Oct 6 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Ernest R. Bisher

(b) Address Baldwin Mo

19. (a) Oct 8, 1948 (b) Ralph Gordon  
 (Date received local registrar) (Registrar's signature)

Major findings: MI  
 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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature St. Muler (M. D. or other)  
 Address Baldwin Mo Date signed \_\_\_\_\_

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

4  
1  
1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1172

Date Filed 10-11-48

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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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Galiverton, 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.