No. 300
—10-47
5-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38311

State File No.

FILED DEC 14 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9387

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
MISSOURI BAPTIST HOSPITAL
(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 RANDOLPH

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

(d) Street No. 314 S. CLARK
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES W. KELLY

3. (b) If veteran, name war WORLD WAR II

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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 APRIL (Month) 13 (Day) 1922 (Year)

8. AGE: Years 26 Months 6 Days 14 If less than one day hr. min.

9. Birthplace MOBERLY MO. (City, town, or county) (State or foreign country)

10. Usual occupation OWNER OF AMUSEMENT CO.

11. Industry or business

FATHER
12. Name JAMES P. KELLY
13. Birthplace MO. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MYRTLE SINMON
15. Birthplace MO. (City, town, or county) (State or foreign country)

16. (a) Informant JAMES P. KELLY
(b) Address MOBERLY MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 30 1948 (Month) (Day) (Year)
(c) Place: burial or cremation MOBERLY MO.

18. (a) Signature of funeral director ROWLAND MORTUARY SERVICE
(b) Address 4104 MANCHESTER AVE. ST. LOUIS MO.

19. (a) Oct 30 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 27TH year 1948 hour 12 minute 30 P. M.

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

Immediate cause of death — Duration
Sub dural and Subarachnoid Hemorrhage of Brain Atal-
Due to ectasis of Lung; Laceration of arm, when involved in
Due to a automobile accident near Centralia, Mo around
Other conditions 10:30 am Oct 18 1948
(Include pregnancy within 3 months of death)
Cause and manner of
Major findings: Of operations same couldnot be Determined
Of autopsy Open Verdict

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) see above
(b) Date of occurrence Oct 18 1948 12
(c) Where did injury occur? Centralia (City or town) Mo (County) 10 (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? see above (Specify type of place)
While at work? (e) Means of injury

23. Signature Patrick E Taylor (M.D. or other) Dep Cor
Address 1300 Clark Date signed

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 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.....

Licensed Embalmer No.....

P. O. Address.....

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.