

FILED VS MAR 7 1960

2 2047

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>Miss</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo</b>		Length of stay in 1b		c. CITY OR TOWN <b>Blytheville</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Frisco Hosp.</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>428 Short 10th Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>JAMES C</b> Middle <b>NMN</b> Last <b>KELLY</b>				4. DATE OF DEATH Month <b>2</b> Day <b>19</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5-9-1906</b>		9. AGE (last birthday) <b>53</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Extra Gang Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Cordova, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>					
13a. FATHER'S NAME <b>Leslie Kelly</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Ann Smith</b>				14. NAME OF HUSBAND OR WIFE <b>Carrie Kelly</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>430-26-9777</b>		17. INFORMANT <b>Carrie Kelly 428 Short 10th St Blytheville Ark.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b> DUE TO (b) <b>Pulmonary Congestion</b> DUE TO (c) <b>Pneumococci 493x</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus, Arteriosclerosis, Heart Disease</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>													
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>Feb 8, 1960</b> to <b>Feb 19, 1960</b> and last saw <b>her</b> alive on <b>Feb 19, 1960</b> Death occurred at <b>8:15</b> <b>P</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Richard Reeder</b>						22b. ADDRESS <b>Frisco Hospital</b>			22c. DATE SIGNED <b>Feb 19, 1960</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (R.R)</b>		23b. DATE <b>2/22/60</b>		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) <b>Blytheville Arkansas</b>		(State)			
24. FUNERAL DIRECTOR <b>C.W. Roberts Und. Co 1416 N. Taylor Ave</b>				25. DATE RECD. BY LOCAL REG. <b>FEB 21 1960</b>		26. REGISTRAR'S SIGNATURE <b>Loal Smith, M.D.</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James A. Cort

Licensed Embalmer No. H 68

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.