

FILED FEB 16 1942

Registration District No. 249

Primary Registration District No. 4207

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Calhoun Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42
(c) City or town Calhoun (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

James Henry Kelley

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife George E. Kelley

6. (c) Age of husband or wife if alive 35 years 1862

7. Birth date of deceased March

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

79

9

20

hr.

min.

9. Birthplace Hillsboro, Ohio

(City, town, or county)

(State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name James Kelley

James Kelley

13. Birthplace Ohio

(City, town, or county)

(State or foreign country)

14. Maiden name Mary Smith

(City, town, or county)

(State or foreign country)

15. Birthplace Ohio

(City, town, or county)

(State or foreign country)

16. (a) Informant J. H. Kelley

(b) Address 704 Brighton Rd Mo

17. (a) 15-42

(Burial, cremation, or removal)

(b) Date thereof Jan 15-42

(Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Mo.

18. (a) Signature of funeral director J. A. Haerney

(b) Address Calhoun Mo.

19. (a) Jan 10, 42

(Date received local registrar)

(b) Georgia Kitchen

(Registrar's signature)

S. E.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1942 hour 11 minute 15 AM

21. I hereby certify that I attended the deceased from Jan 2nd 1942 to Jan 14 1942 that I last saw him alive on Jan 14 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis

Duration 12 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: S. A. Ballard

Of operations

Of autopsy

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)

(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?

While at work?

(Specify type of place)

(e) Means of injury 0

23. Signature H. A. Ballard

(M. D. or other)

Address Calhoun, Mo.

Date signed 1-14-42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 2-42-63

Date Filed 2-11-42

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 myself,
..... Registered Apprentice No.
working under my personal supervision.

Signed J. A. Housley,
.....
Licensed Embalmer No. 3502
P. O. Address Calhoun 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.

Registration District No. 349

Primary Registration District No. 4207

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Calhoun
(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)

3. (a) PRINT FULL NAME James H. Kelley
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Mar 25 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 2 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day _____ Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Paralysis
Due to _____
Cerebral hemorrhage

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

Major findings: Of operations _____ Of autopsy _____

Duration _____

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) _____
(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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

