

FILED JUL 8 1946

Registration District No. 137Primary Registration District No. 4218Registrar's No. 130

## 1. PLACE OF DEATH:

(a) County Henry  
 (b) City or town Windsor  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
802 S. Windsor Street /  
 (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) 28 years

3. (a) PRINT FULL NAME Abraham Lincoln Kelly

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 Married6. (b) Name of husband or wife Anna L. Kelly 6. (c) Age of husband or wife if alive 73 years7. Birth date of deceased February 12 1863  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
83 4 6 hr. min.9. Birthplace Tazewell County, Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Farming (Retired)

11. Industry or business

12. Name John J. Kelly13. Birthplace Ohio  
(City, town, or county) (State or foreign country)14. Maiden name Sophia Alldoizer15. Birthplace Ohio  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. A. L. Kelly(b) Address Windsor, Missouri17. (a) Burial (b) Date thereof 6-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Windsor, Missouri18. (a) Signature of funeral director Huston-Turner(b) Address Windsor, Mo.19. (a) 6-27-46 (b) R. H. Hemmey  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
 (c) City or town Windsor  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 802 S. Windsor  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1946 hour 4:10 a m minute 00 M.21. I hereby certify that I attended the deceased from 4-17  
1946, to 6-16, 1946  
that I last saw him alive on 6-16, 1946  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis 2 mos  
DurationDue to.....  
Due to.....Other conditions.  
(Include pregnancy within 3 months of death)Major findings:  
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.....

23. Signature Ray B Jordan (M. D. or other).....  
Address Windsor Mo Date signed 6-18-46

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

MOTHER FATHER

HISTON-TUTTLE  
Windsor, Mo.

NOV 12 1946

RECORDED  
District Health Officer No. 7e  
6-46-65-6  
Date Filed 7-3-46

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..... *Edwin Histon* .....

Licensed Embalmer No. *3291* .....

P. O. Address..... *Windsor 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.