

MAY 13 1940

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Jasper  
 (b) City or town Joplin  
 (c) Name of hospital or institution St. Johns Hospital  
 (d) Length of stay 1 year  
 In this community one year  
 years, months or days

**3. (a) PRINT FULL NAME** THOMAS F. 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** Married  
**6. (b) Name of husband or wife** Margaret Kelly **6. (c) Age of husband or wife if alive** 32 years  
**7. Birth date of deceased** May 11 1881  
 (Month) (Day) (Year)

**8. AGE:** Years 58 Months 10 Days 23 If less than one day hr. min.

**9. Birthplace** St. Louis Mo  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Manufactures Agent  
**11. Industry or business** 5

**MOTHER FATHER**  
**12. Name** John J. Kelly  
**13. Birthplace** Unknown Ireland  
**14. Maiden name** Mary Unknown  
**15. Birthplace** Unknown  
 (City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** James J. Kelly  
**(b) Address** 6530 Lakewood, Chicago, Ill.

**17. (a) Burial** Burial **(b) Date thereof** Apr 8 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Calvary Cem. St. Louis  
**18. (a) Signature of funeral director** Lambert Mortuary  
**(b) Address** 1502 Joplin St. Joplin, Mo.

**19. (a) 7-4-46** **(b) [Signature]**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin  
 (d) Street No. St. Johns Hospital  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month April day 3 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from** March 17, 1939, to April 8, 1940  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** hepatic nephritis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

**Other conditions** (Include pregnancy within 3 months of death)  
**Major findings:**  
 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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? 372  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_

**23. Signature** V. E. Kerner (M. D. or other)  
**Address** 311 Turner Bank **Date signed** \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

40-5-44

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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 *Allen E. Lamber*

Licensed Embalmer No. *3574*

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, above space should be left blank.**