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13-40  
7-39  
X23159

State File No. \_\_\_\_\_

Registration District No. 449

Primary Registration District No. 4267

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

1. PLACE OF DEATH:

(a) County LACLEDE  
(b) City or town LEBANON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: WALLACE D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 DAYS  
(Specify whether  
In this community 2 DAYS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53  
(c) City or town PROSPERINE  
(If outside city or town limits, write "RURAL")  
(d) Street No. ELDREDGE TWP.  
(If rural, give location)  
(e) If foreign born; how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 25  
year 1941 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 4-23, 1941, to 4-25, 1941,  
that I last saw h alive on 4-23, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of coronary

Due to Nervous operation

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? \_\_\_\_\_  
(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 J a M. Coult (M. D. or other) J  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME HARRY LEWIS McKELVEY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 499-14-0154

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

6. (b) Name of husband or wife NOVA L WILSON 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased JULY 17 1885  
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name EDWARD McKELVEY

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

14. Maiden name MARY SPRATLING

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

16. (a) Informant My Harry McKelvey

(b) Address Prosperine Mo

17. (a) Burial (b) Date thereof 4 27 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prosperine

18. (a) Signature of funeral director Palmer Holt

(b) Address Lebanon Mo  
19. (a) 4-26-41 (b) J a M. Coult  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 5-41-822

Date Filed 5-8-41

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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.....

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.