DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 19[illegible]

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24017

State File No.

Registration District No. 11 | Primary Registration District No. 4024 | Registrar's No. 46

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barry Co. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days in hospital (Specify whether In this community most of Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Barry 5
(c) City or town Purdy 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Benjamin B. Kelly
3. (b) If veteran, name war ---
3. (c) Social Security No. ---

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Dora Kelly
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Sept. (Month) 18 (Day) 1869 (Year)

8. AGE: Years 74 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace Wollona (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Dr. of Medicine " " "
11. Industry or business

FATHER
12. Name Edward Kelly
13. Birthplace do not know (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Elixabeth Baker
15. Birthplace do not know (City, town, or county) KY. (State or foreign country)

16. (a) Informant Mrs. V.B.Hall
(b) Address Monett, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/16/44 (Month) (Day) (Year)
(c) Place: burial or cremation Purdy Cem.
18. (a) Signature of funeral director W.D.Koon.
(b) Address Cassville, Mo.
19. (a) July 18-1944 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1944 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from 1941, 19[illegible], to July 13th, 1944; that I last saw him alive on July 13th, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 days
Due to Arteriosclerosis (Hypertension Kidney)	
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 Geo Newman O (M. D. or other)
Address Cassville Mo Date signed 7-17-44

10-17

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 744-857
Date Filed JUL 25 1944

AUG 9 1944

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 C. M. Jones

Licensed Embalmer No. 3453

P. O. Address Cassville 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.

V. S. No. 2B
10M---5-43
I X36930

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug 9

Registration District No. 11 — Primary Registration District No. 4024 — Registrar's No. 46

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville
(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 years, months or days)
In this community ____

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 ____

3. (a) PRINT FULL NAME Benjamin B. Kelly

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 M

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

7. Birth date of deceased Sept (Month) 18 (Day) 1860 (Year)

8. AGE: Years 74 | Months 9 | Days ____ | If less than one day ____ hr. ____ min.

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

10. Usual occupation ____

11. Industry or business ____

MOTHER / FATHER

12. Name ____

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

MOTHER

14. Maiden name ____

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

16. (a) Informant ____

(b) Address ____

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

(c) Place: burial or cremation ____

18. (a) Signature of funeral director ____

(b) Address ____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day ____ year ____ hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 days.

Due to arterio sclerosis

Due to (Hypertension - Kidney

" Bilateral, Contracted Kidneys

Other conditions Chronic nephritis
(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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Dewey Bauman, (M. D.)

Address Cassville, Mo Date signed 8-17-34

PRELIMINARY

SUPPLEMENTARY

PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

24017