

S. No. 2
M-8-43
5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17442

FILED JUN 5 1946

Registration District No. 217

Primary Registration District No. 5791

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California Rural Harrison
(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 _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California Rural
(If outside city or town limits, write "RURAL")
(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 LUTHER B. KELSAY

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

7. Birth date of deceased: Aug 10 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 9 14 hr. min.

9. Birthplace Latham Mo. A
(City, town, or county) (State or foreign country)

10. Usual occupation HORSE MAN

11. Industry or business _____

MOTHER FATHER { 12. Name Layfette Kelsay
13. Birthplace California Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Hill
15. Birthplace Latham Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Harry Swadlow
(b) Address California Mo.

17. (a) Burial (b) Date thereof May 31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem. Mt. Vernon

18. (c) Signature Russell H. No.
(b) Address _____

19. (a) 6/3/46 (b) C. H. Nail
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1946 hour 8 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 15
1946 to May 29, 1946
that I last saw him alive on May 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor
Rt. cerebrium. Type
Undetermined
Due to unknown

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 57d
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 E. O. Shelton (M. D. or other) OMA
Address _____ Date signed _____

Duration
Physician
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
16322

1948

WALTER B. KERRAN

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 *W. B. Kerran*

Licensed Embalmer No. 2307

P. O. Address Russellville 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.