

FILED FEB 5 1945
Registration District No. 220

Primary Registration District No. 5792

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California Rural Harrison
(If outside of 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)
In this community Life time 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)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 16th
year 1945 hour 3 minutes 55⁰ A.M.

21. I hereby certify that I attended the deceased from May 42 to Jan 16 1945
that I last saw him alive on Dec 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations a2h
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 Walter S. Seelie (M. D. or other)
Address Russellville Mo Date signed 1-17-45

3. (a) PRINT FULL NAME LAFAYETTE 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 Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: Sept 29 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Kelsay
13. Birthplace Mo
14. Maiden name Krause Fisher
15. Birthplace KY

16. (a) Informant Mrs Harry Medler
(b) Address California Mo

17. (a) Burial (b) Date thereof 1-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Burial

18. (a) Signature of funeral director Russellville
(b) Address Mo

19. (a) Jan 20 (b) Margaret Martina
(Date received local registrar) (Registrar's signature)

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

8000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-3-45

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

[Handwritten Signature]

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.