No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944
Registration District No. 11

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1944
State File No.

Primary Registration District No. 5039
Registrar's No. 62

1. PLACE OF DEATH:
(a) County Barry 2nd
(b) City or town Rural Butterfield.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2½ miles S.W. of Butterfield
(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 70 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Barry 5
(c) City or town Rural 2nd
(If outside city or town limits, write "RURAL")
(d) Street No. 2½ Mi. S.W. of Butterfield
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Allen Kelling.
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M.
5. Color or race White
6. (a) ~~Single~~, ~~widowed~~, married, divorced married
6. (b) Name of husband or wife Margaret Jane Kelling.
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased August (Month) 16 (Day) 1860 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th
year 1943 hour 2:00 minute 5 P.M.
21. I hereby certify that I attended the deceased from July 13, 1936, to Dec. 27, 1943, that I last saw him alive on Dec. 25, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	5 Yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93d	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

8. AGE: Years	Months	Days	If less than one day
83	4	11	hr. min.

9. Birthplace (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Farming.
11. Industry or business
MOTHER FATHER
12. Name William Dudley Kelling.
13. Birthplace (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Polly Rhoden.
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Mrs George Linebarger.
(b) Address Cassville, Mo. R#1.
17. (a) Mt Pleasant (Burial, cremation, or removal) (b) Date thereof Dec 29, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant
18. (a) Signature of funeral director W. O. Koon.
(b) Address Cassville, Mo.
19. (a) Jan 6-1944 (Date received local registrar) (b) Grace Williams (Registrar's signature)

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 J. D. Baldwin (M. D. or other)
Address Purdy Mo. Date signed 1-29-44

1077

(Licensed Embalmer's Statement on Reverse Side)

Local Health Officer No. 6
District No. 144 - 124
Date Filed JAN 31 1944

[illegible] 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~~ NOT .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed W. C. Kaan

Licensed Embalmer No. 4359

P. O. Address Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.