

No. 2
1/47
5-17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42405
Registrar's No. 19

Registration District No. 225
Primary Registration District No. 4335

1. PLACE OF DEATH:
(a) County **Moniteau**
(b) City or town **Tipton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Entire life**
In this community **Entire life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Moniteau**
(c) City or town **Tipton**
(If outside city or town limits, write "RURAL")
(d) Street No. **None**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **Native**

3. (a) PRINT FULL NAME **Albert Kelby**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **Card lost**

4. Sex **Male** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Laura Kelby**
6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **June, 2nd, 1866**
(Month) (Day) (Year)

8. AGE:
Years **81** Months **6** Days **19**
If less than one day
.....hr.min

9. Birthplace **Tipton, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Public**

12. Name **William Kelby**

13. Birthplace **Tipton, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Maupins**

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

16. (a) Informant **Laura Kelby (Wife)**

(b) Address **Tipton, Missouri**

17. (a) **Burial** (b) Date thereof **12/23/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
Colored Cemetery, Tipton, Mo.
(c) Place: Burial or cremation

18. (a) Signature of funeral director **J. J. Hudson**
(b) Address **Tipton, Mo.**

19. (a) **Dec 22, 1947** (b) **J. J. Hudson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **21st**
year **1947** hour **5** minute **35** A.M.

21. I hereby certify that I attended the deceased from **December 15th**, 19**47** to **December 21st**, 19**47**
that I last saw him alive on **December 21st**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Deficiency**

Due to **Hypertension**

Due to **Senility**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **92**
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? **Tipton, Missouri**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **None** (Specify type of place) (e) Means of injury

23. Signature **J. J. Hudson** (M. D.)
Address **Tipton, Mo.** Date signed **12/21/47**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-13-48

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 *Jemell E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *Tipton, 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.