

## CERTIFICATE OF DEATH

3473

1. PLACE OF DEATH:

(a) County Wayne

(b) Township Waynesville  
(If in town limits, leave blank)

(c) City or town Waynesville N.C.  
(Outside city or town limits, write RURAL)

(d) Street, hospital or institution Wayne County Hospital

(e) Length of stay in hospital or institution 3 wks 3 days  
(Yrs., mos., or days)

In this community life  
(Yrs., mos., or days)

Registration Dist. No. 44-11 Certificate No. 3473

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State NC (b) County Wayne

(c) City or town Waynesville

(d) Street or R.F.D.

(e) Is place of residence in corporate limits? yes

(f) If foreign born, how long in U.S.A.? \_\_\_\_\_ years.

3(a) FULL NAME Jarvis L. Kelley

3(b) If veteran, name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or Race white 6(a) Single, married, widowed, or divorced. married

6(b) Name of husband or wife Edna Nichols Kelley

(c) Age of husband or wife if alive 33 years.

7. Birth date of deceased Oct 24 1905  
(month, day and year)

8. AGE: Years 36 Months 9 Days 27 If less than one day hrs. \_\_\_\_\_ mins. \_\_\_\_\_

9. Birthplace Wayne Co  
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman (Employer)

11. Industry or business Town of Waynesville

12. Name N. K.

13. Birthplace \_\_\_\_\_

14. Maiden Name Maggie Kelley

15. Birthplace Wayne Co

16(a) Informant's Signature Edna Nichols Kelley

(b) Address Waynesville NC

17(a) Burial (b) Date thereof Aug 23 1942  
(Burial, cremation, or removal) (Month, day, year)

(c) Cemetery in Hill

(d) Location Waynesville NC

18(a) Funeral director Garret Funeral Home

(b) Address Waynesville NC

10(a) Dec 3 1942 (b) Mrs. G.C. Davis  
Filed Registrar

## MEDICAL CERTIFICATION

20. Date of death Aug 21 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942, to Aug 21 1942, and that I last saw him alive on Aug 21 1942.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Explosion of gasoline tank

Due to Explosion of gasoline tank

Due to Explosion of gasoline tank

Other conditions Standard Oil Bulk Plant

(Include pregnancy within 3 months of death) \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

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? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Did injury occur about home, on farm, in industrial place, in a public place? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] M.D.  
Address [Address] Date signed 3-22

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS: Please write the cause of death clearly and legibly.