

18 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

Bates  
County  
Township Osage  
City Rich Hill Mo. (No. ...., St. .... Ward)

Registration District No. 03  
Primary Registration District No. 3005

File No. 33593  
Registered No. 32

2. FULL NAME

Mrs Susan Kelley

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1857 7 22

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 7 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME John Maensfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Mary Van Born

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Annie Wade

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 9 21 1937

19. UNDERTAKER (ADDRESS) Rella Booth Rich Hill Mo

20. FILED 9/21/37

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1937

22. I HEREBY CERTIFY That I attended deceased from Sept 17 1937 to Sept 14 1937. I last saw h. alive on Sept 17 1937. Death is said to have occurred on the date stated above, at 4 P. M. The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: 131  
Name of operation: \_\_\_\_\_ Date of: \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury: \_\_\_\_\_  
Nature of injury: \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D. (Address) \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

18 1937

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Registrar

STANDARD OPERATING PROCEDURE

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1. PURPOSE AND SCOPE  
This document defines the standard operating procedure for the [illegible] system, ensuring consistency and efficiency in operations.

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2. RESPONSIBILITIES  
The [illegible] department is responsible for the implementation and maintenance of this procedure.

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3. PROCEDURE  
The procedure involves the following steps: [illegible]

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The procedure involves the following steps: [illegible]

4. REFERENCES  
This procedure is based on the following references: [illegible]

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5. REVISIONS  
This document is subject to periodic review and revision.

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