

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

14844
 Do not use this space.

REC'D MAY 16 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 5554
 (c) City Independence (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cora Isabelle Kelley
 (a) Residence, No. 1309 Ash Ave St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kearney Lee Kelley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 6 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Persia (STATE OR COUNTRY) Illinois

13. NAME William A. Smith

14. BIRTHPLACE (CITY OR TOWN) Persia (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Mary A. Mattox

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

17. INFORMANT Kearney Lee Kelley (ADDRESS) 1309 Ash Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove Cemetery No. 4-21-38 19.

19. FUNERAL DIRECTOR George C. Carson (ADDRESS) Independence, Mo.

20. FILED 4-22-38 J. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1938, to April 19, 1938. I last saw her alive on April 18, 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.. The principal cause of death and related causes of importance were as follows:

Cancer of Uterus body.

Date of onset July 1937

Other contributory causes of importance: Metastasis in bladder & Intestine

Name of operation Uterus - Total hysterectomy Date of Sept 1937
 What test confirmed diagnosis? _____ Was there an autopsy? No.

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? No.
 If so, specify _____ (Signed) George M. Paek, M. D.
 (Address) 11037 Wimmer Rd Indep Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Lyle M. Keir, Licensed Embalmer No. 3156

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

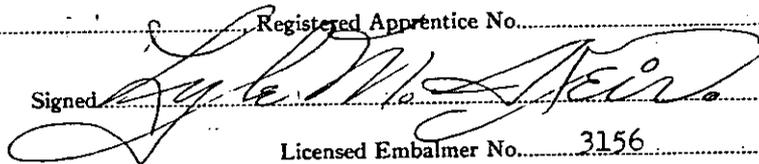
L. E.

No. _____ or by Harold Renz

working under my personal supervision.

Registered Apprentice No. _____

Signed



Licensed Embalmer No. 3156

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.)