

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

32141
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 165
 (b) Township Lin Primary Registration District No. 5231
 (c) City..... (d) Street No..... Registered No. 94
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Jennie Kelling

(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Wm.H. Kelling
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 1st 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 0 26
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 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) 9/23-39 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, county, Mo.

FATHER 13. NAME Marian Sledd 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co., Mo.
 MOTHER 15. MAIDEN NAME Eliza Bell 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co., Mo.

17. INFORMANT (ADDRESS) Mrs Ima Cerday, Walters, Okla.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fair Play, Mo. DATE 9-28 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank W. Barker Fair Play, Mo.
 20. FILED Oct 3 1939 Mrs. Minnie Beasley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1939
 22. I HEREBY CERTIFY, That I attended, deceased from Sept. 24, 1939 to Sept. 27, 1939
 I last saw her alive on Sept. 27, 1939 Death is said to have occurred on the date stated above, at 5: P.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy, left Date of onset 9/24/39
 Other contributory causes of importance: Hypertension ?

Name of operation None Date of.....
 What test confirmed diagnosis? None 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 Bernard C. Adler, M.D.
 (Signed) Bernard C. Adler (Address) Stockton, Mo.

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 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.....

Licensed Embalmer No.....

P. O. Address

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, above space should be left blank.