

REC'D JUL 15 1940

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

21732  
Do not use this space.

1. PLACE OF DEATH

(a) County, Greene Registration District No. 318  
(b) Township, 0 Primary Registration District No. 2001 Registered No. 505  
(c) City, Springfield (d) Street No. 807 Franklin St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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.

2. PRINT FULL NAME

400 Jennie C. Kelley  
(a) Residence, No. 807 Franklin 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 3 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housework  
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) Christian Co Missouri

FATHER 13. NAME William Parks  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

MOTHER 15. MAIDEN NAME Sarah Wiggins  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) M. M. Samuels  
807 Franklin Ave Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE: Smith Cem. DATE: June 8, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kelley and Ferrell  
Rogersville Mo.

20. FILED 6-7-40 W. E. Handley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1940, to June 6, 1940  
I last saw her alive on June 6, 1940 Death is said to have occurred on the date stated above, at 3:49 p.m.  
The principal cause of death and related causes of importance were as follows:

Cardiac Decongestion  
Chronic Myocarditis

Other contributory causes of importance: Senility

Name of operation Date of  
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) Kenneth Coffey, M. D.  
(Address) Springfield, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 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..... *K. K. Kelley*.....  
Licensed Embalmer No..... *03334*.....  
P. O. Address..... *Seymour, 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, above space should be left blank.**

*X*