DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22414

JUL 17 1940

Registration District No. 620 Primary Registration District No. 3031 Registrar's No. 83

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks. (Specify whether years, months or days) In this community Twenty Three years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Skidmore Missouri (If outside city or town limits, write "RURAL")
(d) Street No. ——— (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Maude May Sollars
3. (b) If veteran, name war ——— 3. (c) Social Security No. ———
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William B. Sollars 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May (Month) - 2 (Day) - 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
55	55	1	25	hr. min.

9. Birthplace Ocala (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business James E. Kelley
FATHER
12. Name James E. Kelley
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Nancy Tolbert
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant's own signature William B. Sollars
(b) Address Skidmore Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Walker Skidmore Cemetery
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 957 South Main Maryville Mo
19. (a) 6-28-40 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1940 hour 7 minute 10 P. M.
21. I hereby certify that I attended the deceased from June 20 1940 19 June 27-1940 19 ; that I last saw her alive on June 27-1940, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	
Due to	
Due to 4 b	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	PHYSICIAN
Of autopsy ✓	Underline the cause to which death should be charged statistically

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 in or about home, on farm, in industrial place, in public place? ✓ ✓ ✓ ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature Chas. T. Bell (M. D. or other)
Address Maryville Mo Date signed 6-28-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED
District Health Officer No. 11
District File Number 740-1239
Date Filed JUL 15 1940

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 W. Dean Campbell, Registered Apprentice No. ....., working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.