

No. 2  
13-40  
17-39  
X23139

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38687

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 892

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield, **FILED DEC 1 1940**

(c) Name of hospital or institution: 2354 N. Fremont  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days) 2

In this community several years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 2354 N. Fremont  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Emma Kelly

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William N. Kelly 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased February 22, 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>80</u>	<u>8</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business \_\_\_\_\_

12. Name Asramus Roof

13. Birthplace Unknown Ind.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Murray

15. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant William N. Kelly

(b) Address 2354 N. Fremont

17. (a) Burial (b) Date thereof 11-4-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Comfort (Cem.)

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield

19. (a) 11-4-40 (b) W.E. Handley MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2,  
year 1940 hour 1 minute 55 P. M.

21. I hereby certify that I attended the deceased from May 1940 to Nov 2, 1940  
that I last saw her alive on Oct 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus primary

Duration July 1940

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 48  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
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? yes

23. Signature Max Dittel (Specify type of pin) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

Address Springfield Mo Date signed 11/5/40

**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 *Raymond W. Ford*

Licensed Embalmer No. *2910*

P. O. Address *679 W. Water*

**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, fact should be so stated above.

X