DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42062

Registration District No. 125 — Primary Registration District No. 3009 — Registrar's No. 434

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 738 Rear Giboney St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 1 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL")

(d) Street No. 738 Rear Giboney St. (If rural, give location)

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

3. (a) PRINT FULL NAME: Ella L. Kelly

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: Widowed

6. (b) Name of husband or wife: John Kelly 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: May (Month) 17th (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
49	7	10	____ hr. ____ min.

9. Birthplace: Cape County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housework

11. Industry or business: ____

FATHER 12. Name: John Sands

FATHER 13. Birthplace: ____ (City, town, or county) Indiana (State or foreign country)

MOTHER 14. Maiden name: Clara Owens

MOTHER 15. Birthplace: Don't Know (City, town, or county) ____ (State or foreign country)

16. (a) Informant's own signature: Virginia Lee Kelly

(b) Address: Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-29-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: McKendree Cemetary

18. (a) Signature of funeral director: L. L. Haman

(b) Address: Cape Girardeau, Mo.

19. (a) 12-28-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th year 1940 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec. 24th, 1940 to Dec. 27, 1940 that I last saw him alive on Dec. 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Pulmonary Congestion	5 hrs.
Due to: Chronic Hypertension	
Due to: Heart Disease	3 yrs.

Other conditions (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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature: William J. Oehler (M. D. or other)

Address: Cape Girardeau, Mo. Date signed 12/28/40

(Licensed Embalmer's Statement on Reverse Side)

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, [redacted]

....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard L. Hamon

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.