

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42233

WED JAN 13 1941
Registration District No. 213

Primary Registration District No. 3014

State File No. _____
Registrar's No. 339

1. PLACE OF DEATH
(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution:
509 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 2

3. (a) PRINT FULL NAME Roberta Kelley
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Fe 5. Color or race Negro
6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 14 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 9 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Jefferson City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER {
12. Name Robert M. Rensay
13. Birthplace Cole Junction Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ruby Kelly
15. Birthplace Cole Junction Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Kelly
(b) Address 509-Cherry

17. (a) Burial (b) Date thereof Dec. 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longview
18. (a) Signature of funeral director James Service
(b) Address 700 Jefferson

19. (a) 12/24/40 (b) W. B. H. H. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 509-Cherry
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec, day 23, year 1940 hour 5:15 minute 0 M.

21. I hereby certify that I attended the deceased from 12/14, 1940, to 12/23/40, 1940;
that I last saw her alive on 12/23/40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature J. D. Dargle (M. D. or other) _____
Address Jefferson City Date signed 12/24/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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.

Body Was Not Embalmed

Signed *L. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jefferson City*

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.