

MAR 19 1941 96
Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 25

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 420 S Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. 420 S Monroe (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME FANNIE FRANCES KELSEY
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 17 day Feb
year 1941 hour 10 minute 30 P. M.

4. Sex F. 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Kelsey
6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased Feb 4 (Month) (Day) (Year) 1875

21. I hereby certify that I attended the deceased from December 1940 to Feb 17 1941;
that I last saw her alive on Feb 17 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Palsy (Prinney theo)

8. AGE: Years 66 Months - Days 13 If less than one day hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Grantville 1 Kentucky (City, town, or county) (State or foreign country)

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

10. Usual occupation _____

Major findings: Of operations _____ Of autopsy _____

11. Industry or business House wife
12. Name Lyons
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant's own signature Alva McKinney
(b) Address Brookfield - Mo

23. Signature E. E. Enoch (M. D. or other) _____
Address Brookfield - Mo Date signed 2/17

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery - Brookfield

18. (a) Signature of funeral director Hop Chapel
(b) Address Brookfield 6445
19. (a) 2-18-41 (Date received local registrar) (b) not present (Registrar's signature)

Duration 1 yr (R)
Underline the cause to which death should be charged statistically.

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.

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.....

J. M. Blacklock
.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

J. M. Blacklock
.....

Licensed Embalmer No.....

2246

P. O. Address.....

Brookfield 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.