DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 10475

APR 11 1941

Registration District No. 214 — Primary Registration District No. 4130 — Registrar's No. 3

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

**1. PLACE OF DEATH:**

(a) County: Cole

(b) City or town: Russellville, Mo. (If outside city or town limits, write "RURAL" and name of township)

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

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Cole

(c) City or town: Russellville, (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: Frona Catherin Koly

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: Single

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

7. Birth date of deceased: June (Month) 27 (Day) 1862 (Year)

8. AGE: Years 78 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation: House Maid

11. Industry or business:

FATHER 12. Name: John Koly

13. Birthplace: (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name: Caroline Enloe

15. Birthplace: (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: W.E.Simpson

(b) Address: Russellville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar.16,1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Enloe Cem.

18. (a) Signature of funeral director: G.N.Steffens

(b) Address: Russellville, Mo.

19. (a) 3-16-41 (Date received local registrar) (b) Mrs. Mabel Barlow (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 14th. year 1941 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 12th, 1941, to March 14th, 1941, that I last saw her alive on March 14th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure

Due to: Uremia

Due to: Renal Insufficiency

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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: E. M. Eberhart (M. D. or other) D.O.

Address: Russellville, Mo Date signed 3/15/41

(Licensed Embalmer's Statement on Reverse Side)

1321

## 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~~ Roy O. Steffens, Registered Apprentice No. ..... working under my personal supervision.

Signed Roy O. Steffens

Licensed Embalmer No. 4022

P. O. Address Russellville

**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.**

No. 2B
1-25-41
X27852

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 10473

Registration District No. 214 Primary Registration District No. 4130 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frona Catherine Kelly
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 78 Months 8 Days 17 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac failure — Duration
Due to Uremia
Due to Chronic Nephritis
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 E M Eberhart (M. D. or other) DO
Address Russellville Mo Date signed 6/7/41

SUPPLEMENTARY

13/16

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

S-10475 1941