

FILED SEP 18 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28849

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 548.
 (b) Township Liberty Primary Registration District No. 43231 Registered No. 39
 or Palmyra
 (c) City Palmyra (d) Street No. 1 St.
 (e) Length of residence in city or town where death occurred 20 yrs. mo. ds. (f) How long in U.S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME

Ida Kneisley Kelley
 (a) Residence, No. Palmyra, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED; WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A.S. Kelley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 31, 1849</u>		
7. AGE	YEARS	MONTHS
	<u>92</u>	<u>0</u>
		DAYS
		<u>5</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
FATHER	13. NAME <u>James W. Kneisley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Ann S. McLeod</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>Catherine Kelley</u> <u>637 W. 58th Terrace T.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood Cem.</u> DATE <u>9/7/41</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Lewis Bond</u> <u>Palmyra, Mo.</u>		
20. FILED <u>Sept. 7</u> 19 <u>41</u> <u>Gertrude Lee</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept. 5</u> 19 <u>41</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug</u> 19 <u>41</u> , to <u>Sept 5</u> 19 <u>41</u> I last saw her alive on <u>Sept 5</u> 19 <u>41</u> . Death is said to have occurred on the date stated above, at <u>2 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic myocarditis</u> Date of onset
Other contributory causes of importance: <u>None</u>
Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?.....
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
24. Was disease or injury in any way related to occupation of deceased? <u>h</u> If so, specify <u>None</u> (Signature) <u>M. T. P. Rouse</u> , M. D. (Address) <u>Palmyra, Mo.</u>

(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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert Lewis
Licensed Embalmer No. 7382
P. O. Address Salisbury, 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.