DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 17 1941

Registration District No. 7341

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34286

Primary Registration District No. 3006

Registrar's No. 284

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia CT

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 404 Ann St

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether

In this community Entire Life

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2

(If outside city or town limits, write "RURAL")

(d) Street No. 404 Ann St 4

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes name country

3. (a) PRINT FULL NAME MAUDE TATE KELLEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo. H. Kelley

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Aug (Month) 15 (Day) 1870 (Year)

8. AGE: Years 70 Months 1 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Tate
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Zerelda Wilhite
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant C. H. Kelley

(b) Address Hays, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10 '41 (Month) (Day) (Year)

(c) Place: burial or cremation Old Cedar

18. (a) Signature of funeral director Parker's

(b) Address Columbia, Mo.

19. (a) 10/22/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

74

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1941 hour 10:00 minute [redacted] P.M.

21. I hereby certify that I attended the deceased from 9-18- 1941, to 10-7- 1941 that I last saw him alive on 10-7- 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hem. or Clot.	2 days
Due to Broken hip	2 wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None

Of autopsy None

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) No

(b) Date of occurrence

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)

While at work? (e) Means of injury

23. Signature W. P. Depart (M. D. or other) M.D.

Address Columbia Date signed 10-10-41

(Licensed Embalmer's Statement on Reverse Side)

MO

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 [signature]

Licensed Embalmer No. 3893

P. O. Address Columbia, 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, fact should be so stated above.

V. S. No. 2B
0M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34 286

Registration District No. 73 Primary Registration District No. 3006 Registrar's No.

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

Columbia Mo.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Boone

(b) City or town (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

In this community years, months or days)

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 Maude Tate Kelley

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 W

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 15 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
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 Oct day 7 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 Cerebral Hem - or Clot

Due to Broken hip

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

186a
18

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) Accident

(b) Date of occurrence 9-18-41

(c) Where did injury occur? On way to work (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Ripley St Columbia Boone Mo (Specify type of place)

While at work going to work (e) Means of injury Fell.

23. Signature W. D. Dysart (M. D. or other)

Address Columbia Mo Date signed 12-9-41