No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37936

Registration District No. 93 Primary Registration District No. 5138 Registrar's No. 27

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

1. PLACE OF DEATH: (a) County Caldwell (b) City or town Braymer (rural Davis Twp) (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 44 yrs

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Caldwell 13 (c) City or town Braymer (rural) (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.? 0 years.

3. (a) PRINT FULL NAME Louella Kelly

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife Joe Kelly

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

7. Birth date of deceased Dec (Month) 19 (Day) 1868 (Year)

8. AGE: Years 72 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Nicholas Kromeich

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

MOTHER 14. Maiden name Emma Schaeffer

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

16. (a) Informant Arthur Kelly

(b) Address Braymer, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem.

18. (a) Signature of funeral director Bernard F. Mead

(b) Address Braymer, Mo

19. (a) Nov. 3, 41 (Date received local registrar) (b) H. H. Patterson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1 year 1941 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 29, 1940, to Nov 1, 1941, that I last saw her alive on Oct 31, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Regurgitation	5 yrs
Cerebral Arter. Sclerosis	1
Due to Hypo Static Pneumonia	2 weeks
Due to	
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 C. N. Woolsey (M. D. or other) MD

Address Braymer Mo Date signed 11/3/41

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard L. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37936

Registration District No. 93 Primary Registration District No. 5138 Registrar's No.

1. PLACE OF DEATH:
(a) County: Caldwell
(b) City or town: Rural
(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: Louella 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: W.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dec. (Month) 19 (Day) 1868 (Year)

8. AGE: Years 72 Months 10 Days 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)
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 Nov. day 1 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.

	Duration
Immediate cause of death: Bronchopneumonia-Bilat	
Due to: Hypostatic pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	PHYSICIAN
Of autopsy	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: G. L. Woodley (M. D. or other)
Address Date signed

SUPPLEMENTARY