

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 22 1942

Registration District No. 742

Primary Registration District No. 3006-5118

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: The Ellis Fischel State Cancer  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Dona J. Kelly

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 married  
6. (b) Name of husband or wife Ed 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 5, 1894  
(Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Newton Francis

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

14. Maiden name Alice Serrell

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

16. (a) Informant Patient (Dona J. Kelly)

(b) Address Jrenton Missouri

17. (a) Removal (b) Date thereof 3/17/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chad Ispa

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) 2-16-42 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy  
(c) City or town Jrenton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2703 Lula St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1942 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 13, 1942 to March 16, 1942  
that I last saw her alive on March 16, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix Duration 10 m.  
Date to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Carcinoma of Cervix

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James V. Ackeman (M. D. or other) M.D.  
Address Ellis Fischel State Cancer Hospital Date signed 3-17-42

1250

(Licensed Embalmer's Statement on Reverse Side)

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

10  
2  
4

817 Remington  
1244 Foster

---

---

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

Signed X *Charles G. Gysa*.....  
Licensed Embalmer No. *3109*.....  
P. O. Address *Frenten 110*.....

**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.**