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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20797

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 205

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution: CALLAWAY HOSPITAL
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14

(c) City or town FULTON 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 826 VINE ST
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DOLL MAXINE KELLEY

3. (b) If veteran, name war NO

3. (c) Social Security No. 498-01-1927

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife DANIEL KELLEY

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased OCT. (Month) 13 (Day) 1916 (Year)

8. AGE: Years 25 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation SHOE WORKER

11. Industry or business SHOE FACTORY

FATHER
12. Name HUGH C. MYERS
13. Birthplace CENTERVIEW (City, town, or county) MO. O (State or foreign country)

MOTHER
14. Maiden name MARY FRANCES STREET
15. Birthplace KNOLNOSTER (City, town, or county) MO O (State or foreign country)

16. (a) Informant DANIEL KELLEY
(b) Address FULTON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 28, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation HILL CREST FULTON

18. (a) Signature of funeral director Glen Y. Mangin
(b) Address 700 Court St. Fulton, Mo.

19. (a) 6-27-42 (Date received local registrar) (b) Josie Moore (Registrar's signature)

1147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th year 1942 hour 5 minute 32 P.M.

21. I hereby certify that I attended the deceased from June 21st, 1942 to June 26, 1942 that I last saw her alive on June 26, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Influenzial	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 33a	
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 George F. Wood (M. D. or other) Mo

Address Fulton Mo Date signed 6/27/42

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1942

JUL 31 1951

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 Glen G. Maupin

Licensed Embalmer No. 27 25

P. O. Address Fulton, 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.