V. S. No. 2
DM—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1942

Registration District No. 84

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4147

30195

State File No.

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether
In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 27

(a) State Missouri (b) County Cooper 0

(c) City or town Bunceton 0
(If outside city or town limits, write "RURAL")

(d) Street No. No numbers
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Byrdia Kelby

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Colored 3

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Horace Kelby

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

7. Birth date of deceased December, 7th. 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	9	13	hr. min.

9. Birthplace Cooper County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Frank Barbour
13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Guy
15. Birthplace Cooper County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Benjiman Kelby
(b) Address Bunceton, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/20/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bunceton, Mo.

18. (a) Signature of funeral director Jennie E. Richards
(b) Address Tipton, Mo.

19. (a) Sept 24 1942 (Date received local registrar) (b) Mae W. W. Robien (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 20th
year 1942 hour 8: minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1941, 19__, to Sept 20th, 1942
that I last saw her alive on Sept 18th, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular heart trouble	2 yrs
Due to	
Due to	
Other conditions Dropsical (Include pregnancy within 3 months of death)	

Major findings:
Of operations none 95c 2
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)
(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 0

23. Signature W. H. Smith (M. D. ~~or other~~)
Address Bunceton Date signed Oct 22

1087

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-6-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ will embalmed by me, or by Me

, Registered Apprentice No.

working under my personal supervision.

Signed Jennie E Richards

Licensed Embalmer No. 2466

P. O. Address Tipton 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.