

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BUREAU OF THE CENSUS  
FILED JAN 14 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 293

64  
43

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Tenners Hospital  
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 811 S. Arch  
(If rural, give location)

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

3. (a) PRINT FULL NAME Emmd Kelley

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26 year 1942 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from Nov. 24 1942 to Nov. 26 1942  
that I last saw h.c.x. alive on Nov. 25 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Dec. 25 1868  
(Month) (Day) (Year)

Immediate cause of death Lobar pneumonia Duration 2 days

8. AGE: Years 73 Months 11 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Cerebral Hemiplegia

Due to Diabetes mellitus

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

10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy \_\_\_\_\_

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

12. Name William Stark

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

14. Maiden name Elizabeth Powell

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

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 C

16. (a) Informant Edward Stark

(b) Address 811 S. Arch, Hannibal, Mo.

17. (a) Burial (b) Date thereof Nov. 28, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet cemetery

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 1000 Edway, Hannibal, Mo.

19. (a) 12-1-42 (b) R. H. Connor  
(Data received local registrar) (Registrar's signature)

23. Signature B. L. Murphy (M. D. or other)

Address Hannibal - Mo. Date signed 11-28-42

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**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 Ray P. Schwartz  
Licensed Embalmer No. 1765-

P. O. Address 1072 Edway, Hannibal, 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.**