. S. No. 2
0M—5-42
. 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 JAN 18 1943

Registration District No. 198

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2796

State File No.

Primary Registration District No. 5714

Registrar's No. 24.

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town PINEVILLE 2nd

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

(c) Name of hospital or institution: NONE

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether

In this community NONE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County McDONALD

(c) City or town PINEVILLE

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

(d) Street No.

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY ESTHER KELLEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased JULY (Month) 6 (Day) 1896 (Year)

8. AGE: Years 46 Months 5 Days 25 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name JOHN FOSTER

13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

16. (a) Informant LEWIS KELLEY

(b) Address PINEVILLE Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation JANE Mo.

18. (a) Signature of funeral director J. M. Humphrey

(b) Address Pineville, Mo.

19. (a) Jan 4-1943 (Date received local registrar) (b) Ira Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1942 hour 9:00 minute A.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	
Due to	
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) SUICIDE

(b) Date of occurrence 12-31-42

(c) Where did injury occur? PINEVILLE (City or town) McDonald (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME (Specify type of place)

While at work? (e) Means of injury GUN WOUND

23. Signature J. M. Humphrey Coroner (M.D. or other)

Address Pineville, Mo. Date signed 1-4-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 143-49
Date Filed JAN 15 1943

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 Mayme E Humphrey

Licensed Embalmer No. 4262

P. O. Address Pineville, 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.