

FILED FEB 13 1943

Registration District No. **1331942**

Primary Registration District No. **6234**

Registrar's No. **2**

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

1. PLACE OF DEATH:

(a) County **Warren**
(b) City or town **Truesdale 9th Ward**
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community **73 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren**
(c) City or town **Truesdale**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Mary Elizabeth Kelly**

20. DATE OF DEATH: Month **January** day **14**
year **1943** hour **8** minute **20** P. M.

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 **Single**

21. I hereby certify that I attended the deceased from **a different times for the last 7 years** 19____
that I last saw her alive on **Jan 14** 19**43**
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death **Myocardia**
leucovulserous **36 hrs**

7. Birth date of deceased **October 29 1869**
(Month) (Day) (Year)

Due to **Chronic nephritis**

8. AGE: Years **73** Months **2** Days **15** If less than one day _____ hr. _____ min.

Due to _____

9. Birthplace **Truesdale Missouri**
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Saleswoman**

Major findings:
Of operations _____
Of autopsy _____
131K
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business **Retail stores**

12. Name **Michael Kelly**

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

14. Maiden name **Eliza Doyle**

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

16. (a) Informant **Miss Dee Kelly**

(b) Address **Truesdale, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 16, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Truesdale, Mo.**

18. (a) Signature of funeral director **Furneburg & Co.**

(b) Address **Washington**

19. (a) **Jan 21 1943** (b) **John A. Bibermyer**
(Date received local registrar) (Registrar's signature)

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 **John H. Doyle** (M. D. or other) _____
Address **Warren Mo** Date signed **1/16/43**

