

FILED MAR 13 1943

Registration District No. 137

Primary Registration District No. 5585

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural - Madison Twn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #3, Carthage, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural - Madison Twn.
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3, Carthage
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ORAH ALVERDIA KELLEY

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife John William Kelley 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 26, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 29 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Tom Wills

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

14. Maiden name Susan A. Barricks

15. Birthplace X Va.
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Kelley

(b) Address Route #3, Carthage, Missouri

17. (a) Burial (b) Date thereof 3-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kenney Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Mar 1 '43 (b) E. Elizabeth Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24,
year 1943 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from Feb 11
1943 to Feb 24 1943
that I last saw her alive on Feb 23 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis years

Due to _____

Due to _____

Other conditions 13 ft
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

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 W. E. Byrd, M.D. (M. D. or other)
Address Carthage, Mo Date signed 2-26-43

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

MOTHER FATHER

43-2-145

EXPIRES
1943
8 AM

JUL 21 1943

AUG 20 1943

MAR 24 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..... *Edellmer*

Licensed Embalmer No. *2222*

P. O. Address..... *Carthage*

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.