

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7060

State File No.

Registrar's No. 17

Primary Registration District No. 4343

REG. MAP 11 194329
Registration District No. 22

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

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town New Florence Mo
(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 _____ (Specify whether)
In this community none
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery
(c) City or town New Florence Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1943 hour 5 minute 40 P. M.
21. I hereby certify that I attended the deceased from Feb 3
1943 to Feb 6 1943

that I last saw him alive on Feb 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis edys.

Due to Carcinoma of the ascending colon

Other conditions (Include pregnancy within 3 months of death) H6

Major findings:
Of operations _____
Of autopsy _____

Duration _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME PIERCY ANN KELSICK

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, widowed

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

7. Birth date of deceased July 25 1850
(Month) (Day) (Year)

8. AGE: Years 92 Months 6 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Horse wife

11. Industry or business _____

MOTHER FATHER { 12. Name Warren Tate
13. Birthplace Virginia state
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. Hannah
15. Birthplace Virginia state
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mollie Kelsick
(b) Address New Florence Mo

17. (a) Burial (b) Date thereof Feb 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Florence Cemetery

18. (a) Signature of funeral director Marion H. Due

(b) Address Montgomery Co Mo

19. (a) Feb 8 1943 (b) W. O. Oliver
(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 James O. Helm (M. D. or other) _____
Address New Florence Mo Date signed 2-8-43

1061

(Licensed Embalmer's Statement on Reverse Side)

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.....

Joseph A. Marlow

Licensed Embalmer No. *3658*

P. O. Address *Montgomery City, Md.*

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.