

FILED MAY 8 1943

Registration District No.

Primary Registration District No. 4159

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Pattonsburg
(If outside city or town limits, write "RURAL" and name of township)
(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 Sixty Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess
(c) City or town Pattonsburg
(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 _____

3. (a) PRINT FULL NAME Jessie Kelly

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
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1860 years

7. Birth date of deceased Aug. 19,
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Freemont New York
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housekeeper

12. Name James Kelly

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

14. Maiden name Frances Hamlin

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Marian D. Kelly

(b) Address Pattonsburg, Mo

17. (a) Burial (b) Date thereof Apr. 11 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pattonsburg, Mo

18. (a) Signature of funeral director [Signature]

(b) Address Pattonsburg, Mo

19. (a) 4-15-1943 (b) [Signature]
(Date received local authority) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8
year 1943 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from Apr 8 1943
that I last saw her Ex. alive on April 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Uterine Colic

Due to Colon

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

Major findings: Of operations _____

Of autopsy _____

Duration

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) _____

(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) Means of injury _____

23. Signature: [Signature] (M. D. or other) _____

Address Pattonsburg Mo Date signed 4-8-43

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

MOTHER FATHER

1084

FEB 18 1948

NOV 17 1948

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.....

G. S. Brown

Licensed Embalmer No. *2857*

P. O. Address *Pattonburg 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.