

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED JUN 17 1943

Registration District No. 269

Primary Registration District No. 4259

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Knox

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Newark
(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 Mary Emeline Kelley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1943 hour 9 minute 15 A.M.

4. Sex F. 5. Color of race W. 6. (a) Single, widowed, married Widowed
divorced _____

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

7. Birth date of deceased Oct 11 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 20 1943 to June 2 1943
that I last saw h. ER alive on June 1 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 7 Days 21 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis

Due to Senility

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

Due to 9/20

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

10. Usual occupation _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business Housewife

12. Name Jabez Barnes

13. Birthplace Maryland (State or foreign country)

14. Maiden name Caroline Oakes

15. Birthplace New York (State or foreign country)

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? _____

16. (a) Informant Maud E. Kelley

(b) Address Newark Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1943
(Month) (Day) (Year)

(c) Place: burial or cremation 100 E. Newark

18. (a) Signature of funeral director Thomas Ball

(b) Address Waring Mo

19. (a) 6-11-43 (Date received local registrar) (b) W. H. Northcutt (Registrar's signature)

While at work _____ (Specify type of place)

Means of injury _____

Signature Waldo Brown (M. D. or other)

Address Newark Mo Date signed 6/2/43

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

58
00

MOTHER FATHER

Duration Several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

1943 - 6 - 2
1860 - 10 - 11
2 - 7 - 21

RECEIVED

District Health Officer No. 10

District File Number 6-43-1119

Date Filed JUN 16 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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Evings, 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.