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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21955

Registration District No. 208 Primary Registration District No. 4320 Registrar's No. 29

64
2
0

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmyra
(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 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 64

(a) State Missouri (b) County Marion 2

(c) City or town Palmyra 0
(If outside city or town limits, write "RURAL")

(d) Street No. 303 E. Ross Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Alberta Anderson Kelley

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 Married

6. (b) Name of husband or wife J. Howard Kelley

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July (Month) 29 (Day) 1862 (Year)

8. AGE: Years 80 Months 10 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Palmyra (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Thomas L. Anderson
13. Birthplace Bowling Green Kentuckey (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Fannie Winchell
15. Birthplace Springfield, Mass. (City, town, or county) (State or foreign country) /

16. (a) Informant J.Howard Kelley
(b) Address Palmyra, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Lewis Bran
(b) Address Palmyra, Mo.

19. (a) 6/12/43 (Date received local registrar) (b) Mrs Margaret Maddox Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1943 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from June 14, 1943 to June 14, 1943;
that I last saw her alive on Death June 14, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration Sudden

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature T. G. Rowell (M. D. or other)
Address Palmyra Mo. Date signed 6/12/43

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(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1945

NOV 29 1944

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.....

Licensed Embalmer No. 2382

P. O. Address Palmyra, 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.