

FILED APR 6 1944

Registration District No. **171**

Primary Registration District No. **4267**

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

1. PLACE OF DEATH:

(a) County **Lafayette**

(b) City or town **Osessa**
(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 **2 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette**

(c) City or town **Osessa**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Rosaline C Kelly**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31** year **1944** hour **8** minute **50 A.M.**

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **Benjamin F. Kelly**

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

7. Birth date of deceased **JAN 28 1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 17 1943** to **Mar 30 1944** and that death occurred on the date and hour stated above.

8. AGE: Years **78** Months **2** Days **3** If less than one day _____ hr. _____ min.

that I last saw her alive on **Mar 30 1944**

Immediate cause of death **Capillary pneumonia of Gall bladder** Duration **1 yr.**

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

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **H68**

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Nicholas Schneider**

13. Birthplace **Bern Switzerland**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Schindler**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant **Mrs O. H. Clark**

(b) Address **Osessa Mo**

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? _____

17. (a) **Burial** (b) Date thereof **Apr 2 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Savannah Mo**

18. (a) Signature of funeral director **Mrs Mary R Brit**

(b) Address **Savannah Mo**

While at work? **0** (Specify type of place) (e) Means of injury _____

19. (a) **April-1-1944** (b) **Mrs W. Baker**
(Date received local registrar) (Registrar's signature)

23. Signature **R. C. Kelly** (M.D. or other) _____
Address _____ Date signed **3/31/44**

LICENSE NO. 10 7 303 100

District File Number _____

Date Filed 4-5-44

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 _____

Mary R Breit

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Mary R Breit

Licensed Embalmer No. 3068

P. O. Address. Jawanah, 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.