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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11916

FILED APR 14 1944

Registration District No. 4459

Primary Registration District No. 4459

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Clair County

(b) City or town: Osceola
(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 years, months or days)

In this community: All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Clair 93

(c) City or town: Osceola 2
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country: /

3. (a) PRINT FULL NAME: Martha L. Kelly

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Jacob H. Kelly

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

7. Birth date of deceased: 2 (Month) 1 (Day) 1865 (Year)

8. AGE: Years 79 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation: Housekeeping

11. Industry or business:

MOTHER FATHER

12. Name: John W. Houston

13. Birthplace: (City, town, or county) Unknown (State or foreign country) 9

14. Maiden name: Elvira Hubbard

15. Birthplace: (City, town, or county) Virginia (State or foreign country) /

16. (a) Informant: Goldie Terry

(b) Address: Osceola Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-15-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Osceola Missouri

18. (a) Signature of funeral director: Osceola Funeral Home

(b) Address: Osceola Missouri

19. (a) 3-15-44 (Date received local registrar) (b) F. B. Goodrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1944 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from 2-14 1943 to 3-13 1944; that I last saw h. alive on 3-13 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Gallbladder.	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertension, Diabetes	
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: 0

23. Signature: T. H. Douglas, Jr. (M. D. or other) M.D.

Address: Osceola, Mo. Date signed: 3/15/44

1160 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health ... er No. 7
District Fi... 3-44-483
Date F... 4-12-44

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Paul Firestone

Licensed Embalmer No. 3990

P. O. Address Osceola 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.