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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 8 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. WER. Patterson 15008

State File No. \_\_\_\_\_

Registration District No. 164

Primary Registration District No. 3022

Registrar's No. 1057

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: 314 Broad St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days) (Specify whether)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Mary Agnes Kelly

3. (b) If veteran, name war no

3. (c) Social Security No. none

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 \_\_\_\_\_ years

7. Birth date of deceased Dec-24-1877  
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mercer Co. Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name John M. Kelly

{ 13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary M. Hannam

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

16. (a) Informant Dr. Ray Kelly

(b) Address Knob Hosts Mo.

17. (a) Burial (b) Date thereof Dec-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. K. J. Mo.

18. (a) Signature of funeral director J. L. Sault

(b) Address Knob Hosts Mo.

19. (a) April 24, 1944 (b) Lula M. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson

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

(d) Street No. 314 Broad  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1944 hour 3:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 21, 1944, to April 23, 1944  
that I last saw her alive on April 29, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Durgleton

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Had an epileptic  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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)

(e) Means of injury \_\_\_\_\_

23. Signature W. R. Patterson (M. D. or other) \_\_\_\_\_

Address Warrensburg Mo. Date signed 4-24-44

*[Faint handwritten notes]*

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

*C. L. Saults*

Registered Apprentice No.

working under my personal supervision.

Signed

*C. L. Saults*

Licensed Embalmer No.

*1086*

P. O. Address

*Knob Noster*

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.